Eord. ed. F

MUEHSAM & SIEMERS
BOOKSELLERS
Importers & Binders
33 W. Baltimore St.
BALTIMORE

Dup file

Digitized by the Internet Archive
in 2017 with funding from
The Center for a Healthy Maryland, the Foundation of MedChi

https://archive.org/details/mmjmarylandmedic6126medc

MARYLAND
MEDICAL JOURNAL.

VOL. VI. BALTIMORE, NOVEMBER, 1879. No. 1.

ORIGINAL PAPERS.

INTRODUCTORY ADDRESS AT THE COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

BY THOS. S. LATIMER, M. D., PROFESSOR OF PHYSIOLOGY.

I have thought it expedient, gentlemen, in addressing you this evening, to depart from the usual custom of endeavoring to instruct you as to the manner in which you should pursue your studies; or of seeking to intimidate you with the recital of the trials and tribulations you will have to encounter in obtaining that professional knowledge necessary to make you useful and honorable members of the medical profession. I shall instead seek to give you some general idea of the difficulties which beset the early students of medicine in their efforts to acquire even that elementary knowledge which the dullest student of to-day may with moderate industry acquire in a month, from which I trust you will be enabled to draw a world of encouragement.

In the beginning, medical science, was, like the material world, "void and without form." The most degrading superstitions and the wildest speculations, together with barbarous ignorance characterized it for many years, and though it cannot now be said to be entirely divorced from these, yet it is now characterized by a great mass of well attested facts, bound each to each by maturely considered, and logically expressed principles, and in its ranks are found as many of the wise and thoughtful as in any walk of life.

Perhaps the earliest, and most enduring of the superstitions that proved a stumbling block to medical progress was that which held disease to be of supernatural origin, the result of infractions of moral rather than physical law ; and, hence, to be relieved by supernatural means. This superstition was the fruitful parent of all the mystical practices, exorcisms, incantations, propitiations, of offended gods, and the like. In these early days surgery and medicine were no doubt united in the same practitioner, until the continuance of long and bloody wars gradually but inevitably tended to their separation. Surgery, prior to the study of anatomy could and did make but little progress, and at this time medicine was esteemed the higher art. As early as 261 A. C., we find it recorded that a sovereign of Egypt had composed some books on anatomy (Athotis, son of Menes, 1st King of Egypt). Somewhat later, according to Herodotus, the practice of specialties, now so common, was very prevalent. Indeed then every physician was for one disease, and this was unquestionably prejudicial to the general progress of medicine. The limitation of study to one part of the body, or to one class of phenomena must have impaired the power of observation and classification, and have rendered the judgment bigoted and circumscribed—even now "confinement of study to one view, and one subject incites to quackery." How very much more surely must it then have done so when there was no intelligent and well informed body of general practitioners to sit in judgment on the doings of the specialist. It is extremely probably that to the practice of medicine by the priests in this early day was due the idea that it was a direct gift from heaven, and no doubt connected with this idea of the divine gift of healing was the generally accepted view that disease was an infliction of divine vengeance for moral transgressions. We may also safely assume, as indeed all medical history teaches, that it was not until this view of the nature of disease, and the origin of the healing power was abandoned that any essential progress was made in the healing art. Both medicine and religion were brought into contempt by the incantations and superstitious practices that resulted from these opinions, and it was not until the time of Hippocrates that anything substantial was done to relieve medicine of the trammels of superstitions and the delusions of philosophy.

This great man boldly denied that any disease came from the Gods; and Celsus declared that disease was to be cured by natural remedies, and not by "eloquence." The Egyptians, says Professor Pettigrew in his very interesting work on "Early Medicine and Surgery," divided the body into thirty-six parts each of which they believed to be under the particular government of one of the decans or aerial demons, who presided over the triple divisions of the twelve signs; and we have the authority of Origin for saying that when any part of the body was diseased, a cure was effected by invoking the demon to whose province it belonged. M. Champollian constructed a kind of theological anatomy out of the "Great Funereal Ritual, or Book of Manifestations (Pettigrew 31). Here then we see the first known attempt to assign the different parts of the body to the subjection of the different planets, "a relic of which remains in the almanacs of the present day, so cleverly referred to by Southey. "There Homo stands, naked but not ashamed, upon the two pisces, one foot upon each; the fish being neither in air, nor water, nor upon earth, but self suspended as it appears in the void. Aries has alighted with two feet on Homo's head, and has sent a shaft through the forehead into the brain. Taurus has quietly seated himself across his neck. The Gemini are riding astride a little below his right shoulder. The whole trunk is laid open, as if part of the old accursed punishment for high treason had been performed upon him. The lion occupies the thorax as his proper domain, and the crab is in possession of the abdomen. Sagittarius volant in the void, has just let fly an arrow, which is on the way to his right arm. Capricornus breathes out a visible influence that penetrates both knees. Aquarius inflicts similar punishment upon both legs. Virgo fishes as it were at his intestines. Libra at the parts affected by school-masters in their anger; and Scorpio takes the wickedest aim of all."

The Egyptians appear to have been the first to attempt any systematic study of medicine.

Their study, however, was guided and controlled by their religious belief in the mode of origin, and the means by which disease was to be relieved. The deity Isis was thought to be possessed of miraculous powers both to inflict and relieve diseases, all of which were supposed to be the result of her anger, and were to be cured by the performance of certain rites in her temple. "Orus, or Horus, the son of Isis, was believed to have acquired from his mother a knowledge of diseases, and their mode of cure." The Egyptians also revered Theath, who was the intimate friend of Osiris, and the inventor of arts and sciences. When they had learned to make paper, his rules of practice were written, together with certain hard conditions imposed on all who undertook to practice them. Rules, from which you, gentlemen, are happily exempt, and which must have proved a most effectual barrier to all true progress. If the physician followed literally the regulations laid down he was exempt from all blame though his patient died; but if he departed from them in the slightest particular, the punishment was death though the patient recovered. The Egyptians have been credited with a fair knowledge of anatomy for which there appears to have been no good ground.

There is no reason to suppose that prior to the 600th year B. C., any essential progress had been made by them, for although the healing art was practiced by them, it never attained any degree of importance. *Confined to the priests, forming an essential part of their divine worship, and not to be exercised by others, its progress was necessarily insignificant. No scientific plan, no union of observation with theory formed the basis of their studies, and medicine therefore became nothing more than the art of prophesying, and was confined to a blind adherence to rules "for a long time adopted. The son received as a divine deposit, the knowledge of his fathers, and transmitted it to his posterity without its having undergone the least change."

Passing into Greece we find early medicine distinguished by the same general characteristics—here also 'twas held that the anger of the Gods occasioned disease, and that by propitiating

---

*History of Medicine (Dunglison), p. 35.

them by religious ceremonials was it alone to be relieved. Later in Greek history Æsculapius, an alleged son of Apollo and Coronis, a daughter of a King of Thessaly, was born, and instructed in medicine by the centaur Chiron, under whose instruction he became especially skilled in the treatment of external diseases; but modern science ranks him little if at all in advance of his age, since we find him practicing like his predecessors supernatural agencies like invocations to the Gods for the relief of disease. His reputed success was so great, however, that Jupiter at the instigation of Pluto, who thought he materially lessened the population of his empire, hurled a thunder-bolt at him that occasioned his death. Apollo therefore with that enlightened sense of justice that so often characterized the acts of the Gods, destroyed Cyclops who had forged the bolt. Some little doubt, however, is thrown on the truth of this story by Heraclitus, who affirms that he died from an inflammation of the chest. His sons Machaon and Podilirius succeeded to his skill and honors; and attended the Grecian Army in the capacity of surgeons at the siege of Troy. The latter enjoys the questionable distinction of having been among the first physicians to employ blood letting as a remedial agent; and that too with such success that he afterwards married his patient, Syrna, daughter of King Damastus, and received with her the peninsula of Caria. Æsculapius, and his alleged sister, Hygeia, were worshipped as deities, and an idol of him long continued to exercise his miraculous powers, under certain restrictions. The sick who came to seek his aid were wisely required to fast several days before entering the temple, and also to refrain from the use of wine, lest, says Philostratus the "ether of the soul should be sullied with that liquor." Sacrifices of rams, goats, or cocks accompanied with prayers were also offered. After sacrificing, praying, fasting, bathing and fumigating the individual was permitted to sleep near the temple on the skin of the ram, if that had been the offering; and in dreams the oracle instructed him as to the further means necessary to recovery. The remedies then prescribed were generally quite innocent, but it is stated that Aristides for whom some simples had been directed was advised to alternate them with blood letting, and *"once the God directed that one hundred and twenty pounds of blood should be abstracted." If the patient died, the result was charitably ascribed to his lack of faith. The descendant of Æsculapius formed a sect of medical men not unlike that of the priesthood of the house of Ely, and were supposed to receive by inheritance a knowledge of the healing art. Owing to the great respect taught by the religion of Greece for the bodies of the dead, anatomy could not be studied to advantage, and hence but little progress could be made in any department of medicine.

The Romans, who derived their medical opinions directly from the Greeks made little or no addition to medical knowledge. The Israelites as might reasonably have been expected adopted many of the superstitious opinions and practices of the Egyptians, with whom they were so long associated, and all through Hebrew history we see perpetuated the idea that diseases were the manifestions of divine wrath for moral delinquincy, and that they were to be relieved by prayer, fasting, and the direct interposition of the priest—thus when Miriam murmured against the law giver, she was stricken with leprosy, from which she was not freed until Moses had interceded for her. The people also having revolted, an epidemic arose which destroyed fourteen thousand seven hundred men, and did not cease until Aaron, the High Priest had offered up incense. With them the practice of medicine remained in the hands of the Levites until their depravity became so great that it passed into the hands of special missionaries; but prior to the birth of Christ there was no essential change in the manner of curing diseases, nor for many centuries after. About 500 B. C., Pythagoras gave direction to the study of medicine in directing the careful observation of the functions of the body in health, and in a measure obtaining its separation from divine worship; though he himself appears to have encouraged the idea, then very generally accepted, that he was divinely inspired to cure disease. More than a century later Hypocrates gave to medicine an impulse in the right direction. He showed

---

*Dunglison, p. 47.

great power of observation, a bold, and for his age, independent mind. Many marvellous circumstances are related of him, among others, that he cured Perdiccas, King of Macedonia, of consumption, which had been occasioned by his great affection for his mother-in-law. It is, no doubt, to this fact that men for many generations have striven so faithfully, and with such marked success, to control the earliest and slightest manifestion of such attachment. This truly great man appears to have been a careful student of anatomy, especially of comparative anatomy; and to have acquired no inconsiderable knowledge mixed with many absurdities which necessarily resulted from the state of public opinion forbidding the practical study of human anatomy. It is impossible to attempt in a lecture like this to recite the many obligations of the science of medicine to Hypocrates—they may however be briefly summed up in this: He directed and practiced the study of the human body in health and disease as a means of comprehending its phenomena, physiological and pathological—he diagnosed disease, and endeavored to determine its issue by the close study of the altered state of the body and its functions, instead of consulting the stars, and attempted its relief by administration of physical agents, rather than by supernatural means. He demonstrated the inutility of theories, and proved that observation is the basis of medicine —and indeed when we consider the age in which he lived we must hold his name as one of the greatest that has ever ennobled the practice of medicine; but, unfortunately, his successors did not follow the path he had so clearly marked out, and medicine again lapsed into the superstitious observances that had formerly been practiced. But thought had begun to be freer under the sun, and the conquests of Alexander, The Great, opening the ports of India, Persia and Egypt, brought Greek thought into antagonism with other thought which tended inevitably to the development of intelligence, and the acquisition of truth as all antagonism of opinion must do, and indeed as nothing but such antagonism can do in any essential degree. Alexander was himself a student of science, and gave valuable material aid to Aristotle, who made extensive contributions to our knowledge of comparative and human anatomy. In the succeeding reigns of the Ptolomies, who were liberal patrons of the arts and sciences, considerable addition was made to our knowledge of anatomy—more especially through the able researches of Herophilus, who, we are told by Celsus, obtained permission to dissect "living criminals"—however this may be he certainly made important additions to anatomical knowledge. He was the first to ascribe sensation to nerves, and to determine their connection with the brain. He gave an accurate description of the eye, and to its parts the names which they now bear, and was also first to operate for cataract, by extraction of the lens—indeed, he was so excellent an anatomist that Fallopius, "one of the greatest anatomists of the 16th century, said that to contradict Herophilus in anatomy was like contradicting the Gospel" (Dunglison, p. 140), about the same time, 300 B. C., Eresistratus also made some important additions to the study of anatomy and surgery; but their followers generally degenerated into abstract speculation, and added but little to the progress of medical art. The truths of anatomy, physiology and surgery, however, like all truth, remained—the mile that these had walked enabled the next great comer to walk his furlong. Then arose the so called school of Empirics, who were distinguished in that day by a comparatively close observation of the symptoms of disease, and a corresponding neglect of its causation. They rendered a great and valuable service to medicine, for they may be said to have established the science of observation. They however despised anatomy, on which with physiology must rest as the only sure foundation the whole superstructure of medicine. But I must content myself with this hasty glance at the early history of medicine, and examine in the same superficial way its history in the christian era.

Celsus, who has been called the Cicero of medicine, was the first to bring medical study back to the methods of Hypocrates, and to urge anew the study of anatomy; and he seems also to have been possessed, together with much useless lumber, of a valuable store of surgical knowledge. We may say generally of the christian era, as of all precedent time, that notwithstanding the noble monument of facts which had been gradually built up block by block, essentially the same superstitions, to wit: that disease was a consequence of moral dereliction, and to be cured by supernatural means, were engrafted on the creed, and firmly established in the public thought. But the sure and steady accumulation of well defined and demonstrable truths steadily though slowly continued. Although there are many names entitled to our highest esteem, we can pause for a moment only at the famous name of Galen, born at Pergamus in Asia Minor, A. D. 132. The circumstances of his childhood were favorable to his intellectual growth. His medical education was the best the age afforded; and he was very early celebrated for his knowledge of anatomy which he properly regarded as the foundation of the healing art.

He was an ardent admirer and close follower of Hypocrates. For sixteen centuries his views of pathology were generally accepted. A period far beyond that they were legitimately entitled to control medical thought—hence in estimating his influence for good, we must weigh against his great and just influence in the time in which he lived the undue persistence of that influence to a period long subsequent to that when the steady accumulation of facts had made possible more accurate conclusions. *No* theory should dominate men's minds for sixteen centuries, for "the thoughts of men are widening with the process of the sun." A long period of darkness succeeded Galen—for over 400 years not a really great name appears in medical history, nor was any important addition made to medical knowledge. *The school of Alexandria still continued to cultivate medicine, shedding at long intervals some faint dimmerings of light. The Greeks oppressed by the superstitious and intolerant christians of this period, gave up medical instruction. The school of Athens, once so celebrated, was trodden under foot by the orthodoxy of the christian Emperors of the East; and in place of encourageing, they persecuted the pagan philosophers who taught medicine—Justinian ordering them to be deprived of benefices which they had possessed for ages, and directing them to be bestowed on orthodox christians only. On the other hand the dismemberment of the Roman Empire, and the destructive invasion of "the barbarians of the north completed the annihilation of medical instruction." "The Persian Empire was for a short period, the only place where medicine could be cultivated under the protection of the laws. A sect of christians, the Nestorians, flying from the persecution of orthodoxy, established themselves at Edessa, in Mesopotamia, where they founded a school of medicine, which soon became celebrated for the number and knowledge of its professors, and for the excellence of their doctrines. Pupils hastened hither from all parts, where they studied practical medicine in a public hospital; probably the first institution for clinical instruction." Until the tenth century after Christ but little was gained, and between the 8th and 10th centuries that little was in Spain under the Mohammedan rule. In Cordova was established an academy that was for several centuries the most famous in the world. "Whilst their dominion continued in Spain, medical instruction continued to make progress so that in the twelfth century there were seventy public libraries in that part of Spain which was subject to the Moors, whilst Cordova had produced one hundred and fifty medical authors, Almenik fifty-two and Mercia sixty-two." But with them also was a superstitious reverence for the dead body which made anatomical investigation impossible, and medical art received from them no material aid except in chemistry and pharmacy. In the christian world at this time the practice of medicine was entirely with the priesthood, and was in a most degraded state.

---

*Dunglison's History of Medicine, p. 181.

Theoderick, King of the Visigoths, promulgated a law which prevailed throughout the west, until the 11th century, to the effect that* "no physician shall bleed a noble woman or girl without a relation or domestic be present, and in case of contravention of this law he shall pay a fine of five pence." When a physician was called on to attend a patient he had immediately to give surety, and agree upon the price to be paid in case of cure; but he was forbidden to receive any fee if the patient died. And if a physician should wound a gentleman of noble birth, he was required to pay a fine of one hundred sous; and if the gentleman died from the effects of the operation, the surgeon was given up to his relations to work their will on; but if it was a serf on whom he had operated, he was required to furnish another to the owner. These ecclesiastical physicians fell into such disrepute that the Lateran Council under the Pontificate of Calistus II, A. D. 1123, forbade the attendance of priests and monks at the bedside of the sick, otherwise, than as ministers of religion. The practice, however, was not thus entirely controlled, and A. D. 1131, Pope Innocent II, in a council at Rheims, enforced the degree forbidding monks attending schools of medicine." Notwithstanding the efforts of the church to abolish these practices they still continued, and again in A. D. 1139, the Lateran Council "threatened all who neglected its orders with the severest penalties, and suspension of all ecclesiastical functions" (Pettigrew 34). But a habit so long established, and so fixed in the faith and affection of the people was not easily abolished, and in A. D. 1163, we find at the Council of Tours, assembled by Pope Alexander, that they were again forbidden the study of medicine, and threatened with excommunication for disobedience. And in A. D. 1215, Pope Innocent III, "fulminated an anathema specially directed against surgery by ordaining * * that no priest should be permitted to follow surgery." Notwithstanding these severe measures they failed of their object, and it was not until a special bull was obtained from the Pope permitting physicians to marry that medicine was finally divorced from theology (Pettigrew, p. 34). Perhaps the most important event in the history of medicine was the dissection, before his class, of the human body in 1315, by Mondini de Luzzi, professor of anatomy at Bologna; his example was followed by many others; but still great obstacles to the progress of medical science were found in the credence given to astrological, alchemical and religious superstition. Alchemy had for its object not only the transmutation of base metals into silver and gold, but the discovery of the elixir of life through whose agency physical immortality was to be attained. And this dream of the early alchemist lives in the minds of men, and not of fools exclusively, to this day for we find in the present century an eminent* professor of Göttingen writing: In the 19th century the transmutation of metals will be generally known and practiced. Every chemist and every artist will make gold; kitchen utensils will be of silver, and even gold, which will contribute more than anything else to prolong life poisoned at present by the oxides of copper, lead and iron, which we daily swallow with our food. Yet, we may safely say that few chemists are now engaged in efforts to transmute base metals into gold and silver. Nevertheless we cannot afford to despise the men who entertained such views, however little we may think of their speculations, for they were often of great ability, untiring industry, and most painstaking experimenters. Arnoldus de Villa Nova, we are told transmuted gold into silver, and predicted the destruction of the world in 1335; but he discovered sulphuric, muriatic and nitric acids, and the essential oil of turpentine; and was the first to give the scientific details of distillation (Pettigrew). One of the first renowned quacks, Paracelsus boasted of his ability to make man immortal, but died at the age of 48—1541. It is a somewhat curious and interesting circumstance that his family name which he had changed was Bombastus. He was professor of medicine at Basle; but became renowned for the possession of a nostrum called azoth, the philosophers stone, the tincture of life, &c. He declared that the hair on the back of his head knew more than all authors, and that his shoe clasps were more learned than Galen, whose writing he had burned, together with those of Avicenna. Still he was a man of great ability, and did much to advance medical chemistry—and here let me remark that most of the "errors in medicine have commonly originated in the speculative conceits of men of superior capacities." The blunders of the weak are short lived. Astrology was closely linked to alchemy, and natural magic. In its application to medicine it consisted in the employment of certain letters, words or figures as talismans to conquer disease, which were alleged to have been observed on certain plants, roots and seeds, even upon stones, flints and other bodies. These figures the astrologers contended were the evidences of Providence and not the result of chance, and directed to our good, being the characters and figures of those stars by whom they are principally governed, and endowed with particular virtues."

---

*Dr. Christopher Girstanne

Talismans, or the doctrine of signatures originated in the idea that medical substances had impressed on their external surfaces the virtues they possessed. Hence probably the idea of curing diseases characterized by peculiar surface coloration by the use of remedies having a similar color, as in the treatment of scarlet fever, small pox, and the like by surrounding the patient with red curtains, &c. John, of Gaddesden, physician to Edward III, directs his patient to be wrapped in scarlet dresses, and he says: "When the son of the renowned King of England lay sick of small pox, I took care that every thing around the bed should be of red color; which succeeded so completely that the prince was restored to perfect health, without a vestige of pustule remaining." The Emperor Francis I, was rolled up in scarlet cloth as late as 1765, for a similar affection, but unfortunately died.

Meteors, comets, conjunctions, &c., were considered about equally effective in the production and relief of diseases.

The conjunction of many stars under a large fixed star implied contagion—falling stars threatened putrefaction. The natives of Khorason (Fraser), referred cholera to the influence of canopus. So also, it was thought that the efficacy of remedies were dependant on the planetary conditions existent at the time of administration. Brand quotes from "the Husbandman's Practice, or prognostication for ever"—London, 1664. "Good to purge with electuaries, the moon in cancer; with pills the moon in pisces; with potions, the moon in virgo; good to take vomits, the moon in taurus, virgo, or the latter part of sagittarius; to purge the head by sneezing, the moon being in cancer, leo, or virgo; to stop fluxes and rheums the moon being in taurus, virgo, or capricorn. Old Burton in his anatomy of melancholy tells us that St. John's wort gathered on Friday, in the horn of Jupiter, hung about the neck will mightily help melancholy, and drive away fantastical spirits." Again the virtues of many plants were ascribed to the influence of the planets under which they were sown, or gathered, and also according to the manner of gathering them. Black hellebore was to be gathered with the right hand, and then secretly conveyed to the left. The person gathering it was to be clad in white, to be bare footed and to offer a sacrifice of bread and wine. And we find in Pliny Nat. His., that Verbena gathered at rising of the dog star, when neither sun nor moon shone, a previous sacrifice of bread and fruit having been offered, rendered the possessor invulnerable to cure fevers, eradicate poison, and conciliate friendships,"

Le Clerc, a learned and eminent physician, devotes a chapter of his "Histoire de Medicine" to the inquiry whether medicine came directly from God, and how the first medicines were discovered? The first part of this question he answers affirmatively, and the latter he attributes to chance and reason. Although the fifteenth century added to medical history a few great names, medical art advanced but slowly; nor was it materially different in the sixteenth century, until near its close, when invaluable additions were made to our knowledge of anatomy by Berengia de Carpi, Andreas Vesalius, Gabriel Fallopius, Fabricious ab Acquapendente and Michael Servetus.

Early in the seventeenth century William Harvey, Professor of anatomy in the College of Physicians, of London, announced the mechanism of the general circulation, perhaps the most important discovery ever made in medicine. Hume takes occasion to refer to the strength of preconceived opinions by stating that no physician in Europe over the age of 40 ever accepted Harvey's view of the circulation of the blood. Many invaluable additions were made to our knowledge of anatomy and physiology during this century, but still the most absurd superstitions obtained acceptance in clinical medicine. Physicians believed and practiced witchcraft, and kindred absurdities; but the tide of progress swept steadily on under the guidance of Malpighi, Steno, Swammerdam Vieussens, Leuwenhock and a host of others, whose brave spirits and clear intelligences were not intimidated nor clouded by the superstitious follies of their compatriots; and, to these anatomists and physiologists must be added as most worthy co-workers in clinical medicine the illustrious names of Sydenham and

Boerhaave, and henceforward through the eighteenth and nineteenth centeries the progress of medicine and surgery, when we consider the peculiar and grave difficulties inherent in the study of life, whether in health or disease, may challenge comparison with any department of human study. The development of the physical sciences has given to us not only the microscope, spectroscope, a refined and practical chemistry, clinical thermometers, and a host of surgical and medical instruments and appliances, and a greatly extended and vastly improved list of remedial agents; but more than all these it has laid the axe at the root of human superstition, and has prepared the way for the unfettered use of all our powers in the observation and interpretation of the structure and functions of the human body in health and disease. And when we remember how difficult it is for the mind to act independently of surrounding circumstances untrammeled by revered preconceptions, unintimidated by statute law, I am convinced that all the vast store of medical knowledge that all the ages have garnered up is as nothing to the emancipation of medical thought from the thraldom of the past. And this, gentlemen, is the practical application of all that I have endeavored to say to you this evening. This is, "that world of encouragement" of which I spoke at the beginning of this lecture, that you are free to acquire knowledge by all the methods known to science; free to exercise your judgments boldly on all the problems that will be presented to you; free to pray for the passing away of the plague and pestilence, or to believe and teach that a judicious system of hygiene may better accomplish this end.

Although there are laws obstructing the study of anatomy, and laws too that are sustained by public opinion to which law makers must defer, yet they are practically null since the good sense of the more enlightened part of the community, and of those charged with the execution of the laws are alive to their absurdity. Superstitions of the grossest nature still prevail in the domain of medicine; but they are powerless materially to retard its progress. Physicians no longer recommend amulets, cast the horoscope of their patients, or apply ointments to the instruments that occasioned the wound. It is true much is done in the name of medicine scarcely less absurd, but it is an expression of the ignorance, or unreason of the individual, and not of a general superstitious belief in the supernatural; hence the acquisition of knowledge and the development of intelligent free thought render these daily less and less frequent. The most degrading superstitions still abound among the people—men still wear eel skins about the wrists to cure rheumatism; horse chestnuts are carried in the pocket for the cure of hemorrhoids; and, young ladies will leave their comfortable beds in the May time and with scant attire go forth, while the air is yet trembling with the last starry touch, to get the May dew which then and thus gathered is an infallible remedy for freckles. It is true that patent medicines still command a ready sale, and all manner of special systems, Homœopathy and the like, meet with cordial acceptance; but this is because so much of ignorance and blind credulity remain in the community, and because we, as individual practitioners, are not up to the mark of our high calling; still notwithstanding this lamentable admission these have no power for evil against the temple of medical science—they are but so many

> "Feeble snow birds that blinded by the storms,
> 'Gainst some tall light-house dash their feeble forms,
> Whilst the rude granite scatters for their pains,
> Those small deposits that were meant for brains."

But, gentlemen, with the development of human intelligence comes the power to form reasonable judgements of our qualifications, and, hence, a steady growing need of higher educational and natural qualification in the physician. The day is beginning to dawn, when the community, educated in modes of scientific thought, will learn how to distinguish the ignorant pretender from the wise and accomplished physician; and therefore notwithstanding the favorable conditions in which we now live and work, be assured that the highest powers are not superfluously strong, nor the greatest industry needlessly active in acquiring a thorough understanding of the science of medicine. I have not thought it necessary, nor does time permit, to furnish evidence of the superiority of the methods of study and practice in the present as compared with the past; but perhaps it might be well in closing to say a word on this subject. Mr. Draper tells us that in the fifteenth century:—"an illiterate condition everywhere prevailing gave opportunity for the development of superstition. Europe was full of disgraceful miracles. On all the roads pilgrims were wending their way to the shrines of saints renowned for cures they had wrought * * * For patients too sick to move, or be moved, there were no remedies except of a ghostly kind. * * For the prevention of disease prayers were put up in the churches, but no sanitary measures were resorted to. From cities reeking with putrefying filth it was thought that the plague might be stayed by the prayers of the clergy. * * The physical value of shrine cures and ghostly remedies is measured by the death rate. In those days it was probably about one in twenty-three, under the present more material practice it is about one in forty. There were no comprehensive schemes for the avoidance of individual want, none for the resistance of famines. Pestilence was permitted to stalk abroad unchecked, or at best opposed only by mummeries. Bad food, wretched clothing, inadequate shelter were suffered to produce their result, and at the end of a thousand years the population of Europe had not doubled."

When the theological dogma that the plague was an unavoidable visitation from God, began to be doubted, quarantine was established, and the plague is now but a name. When Lady Mary Wortley Montague, in 1721, introduced the Mohammedan practice of inoculation into Europe, it was strenuously opposed by the clergy—and when Jenner introduced the practice of vaccination, it was similarly treated. Then it was the exception to see a face unpitted by small pox—now it is the exception to see one so disfigured. I might cite many such examples, but it is I am sure, quite unnecessary. In the separation of medicine and theology, there are but few either among physicians, or theologians who do not recognize a great gain, and those who do not, are to be found only among the stupid, the ignorant, or the absurdly credulous. Yet, gentlemen, let me assure you that now, as in all past time, if you would do aught to advance the standard of human knowledge, and so redeem the human mind from error, and the human body from suffering, you must not only bring clear intelligences, and brave spirits, "but first bring souls, bring thoughts and words unrusted by a tear of yesterday's, yet awful by its wrong, and cut those cords and mow this green lush falseness to the roots, * * * that through all bursts and bruits of popular passion, all unripe convictions of the popular intellect, you may not lack a finger up the air, annunciative, reproving, pure, erect."

REVIEW IN GYNÆCOLOGY AND OBSTETRICS.

BY B. F. LEONARD, M. D., BALTIMORE.

The Operation for Stone in the Female Bladder.—Simon, of Heidelberg, (*Volkmann's Salung Klin. Vortræge, No. 88, 1875,*) has made the dilatation of the female urethra a scientific proceeding. In women over 20 years of age, the urethra can be dilated to 2 centimetres (¾ in.), in women between 15 and 20 to 1.8 centimetres ($\frac{11}{16}$ in.), and between 5 and 11 years of age, to 1.5 centimetres (⅝ in.). These measurements can be exceeded by 2 to 3 millimetres (⅛ in) In no case does incontinence of urine result. Simon's statements have been verified by general experience.

As a man's index finger is about ¾ inch (1.8 centimetres) in diameter and the little finger about ⅝ inch (1.5 centimetres) we can dilate the adult female urethra to admit the index, and a child's urethra to admit the little finger.

Cutting for stone will be used in future only in those rare instances where the calculus is of great size or so hard as to preclude crushing.

Dr. Ogston (*Ed. Med. J.*, July, 1879), advises a modification of Simon's method. He uses three notches, instead of four, in the meatus, ⅕ inch deep,—one below at the vaginal side, the others equidistant above. Then he proceeds as usual with Simon's specula, advancing in the dilatation by gradual numbers. He narrates cases to show that when the limits of dilatation marked out by Simon are exceeded, incontinence results.

UTERINE FIBROIDS AND ERGOT.—Dr. Byford (*Chicago Med. J. and Ex.*, Oct., '79), advocates the more general use of this drug, and asserts that we will thus lose fewer cases than by resorting to surgery. He submits the following propositions:

1. Ergot frequently ameliorates some of the troublesome and even dangerous symptoms of fibroids, leucorrhœa and hemorrhage.
2. It often arrests their growth.
3. In many cases it causes the absorption of the tumor, sometimes without inconvenience and at others with painful contractions and tenderness of the uterus.
4. It causes the expulsion of the polypoid variety of the submucous tumor by inducing uterine contractions.
5. In the same way it causes absorption and discharge of the intramural tumor.

Dr. De la Faille, in a paper read at the meeting of the International Congress of Medical Science, which met at Amsterdam in September (*Br. Med. J.*, September 20), concludes:

1. The treatment of uterine fibromata is determined principally by hemorrhage.
2. Treatment must be modified by the size and seat of the tumor.
3. Internal medication is seldom successful, though it may be tried in cases of intra-parietal fibromata. The same may be said of alkaline baths.
4. In intra-parietal fibromata the rational method is subcutaneous injections of ergot.
5. The usual method of dilating the uterus with sponge and laminaria tents is dangerous; tents should be frequently renewed.
6. Fibrous polyps should be removed by the écraseur.
7. Intra-uterine fibromata should be removed by enucleation—the same method should be used with subperitoneal fibromata.
8. In cases of gastro-hysterotomy, the intra-peritoneal treatment of the pedicle is preferable to the extra-peritoneal treatment.
9. Extirpation of the uterus *in toto* is preferable to partial excision of the organ.
10. Ovariotomy is very seldom indicated in fibrous tumors of the womb.

PROPHYLACTIC TREATMENT OF PUERPERAL FEVER (l. c.)—In a paper on this subject read at the same meeting Prof. Haller concludes as follows:

1. The principal causes of puerperal fever are *a*, abnormal births; *b*. infection; *c*. atmospheric conditions. 2. The prophylactic treatment consists—*a*. in premature (*prompt?*) delivery before symptoms of endometris set in; *b*. in not examining the woman *per vaginam* in cases of normal birth; **c*. in antiseptic treatment; *d*. in stimulating the contractions of the uterus after confinement by giving ergot. 3. The danger of contracting puerperal fever may be as great in private swellings as in lying-in hospitals.

ON THE EFFECT OF PILOCARPINE, ESERINE, &C., ON THE CONTRACTIONS OF THE UTERUS.—Dr. Van Der Mey (l. c.), also read a paper at the same meeting, in which he concludes: 1. The subcutaneous or intravenous injection of a solution of hydrochlorate of pilocarpine made during pregnancy excites the uterus to contract. If the injection be given in the first stages of labor, it stimulates the uterine contractions. 2. The action of sulphate of eserine on the pregnant womb is very similar to that of the hydrochlorate of pilocarpine. 3. It has been proved by clinical experience and experiments on animals that the action of hydrochlorate of pilocarpine in inducing premature labor has been much exaggerated. 4. If combined with the mechanical means for the induction of premature labor, pilocarpine may be found useful. 5. In cases of normal labor, where the uterine contractions are not strong enough, pilocarpine may be administered successfully. 6. It must not be used for the purpose of stopping *post partum* hemorrhage.

What must be the position of gynæcology in social questions on procreation?

OBSTETRIC SECTION OF THE BRITISH MEDICAL ASSOCIATION,

Held at Cork, in August, (*Br. Med. Jour.* August 16 and 23, 1879). Dr. Kidd, president of the section, read a paper on the Treatment of Uterine Tumors by Dilatation and the Ecraseur. To dilate he uses sea-tangle tents in a bundle of parallel pieces,—for large tumors it may be necessary to introduce from 6 to 18 pieces. After their removal, before proceeding with the operation or before introducing others it is always advisable to wash out the vagina and uterus with a solution of permanganate of potash to get rid of accumulated and irritating fluids.

---

*See a valuable paper on Diagnosis and Treatment of Obstetric Cases by External Manipulation by P. F. Munde, M D., Am. J. Obs., July, 1879.

Tupelo tents may be used advantageously, at the second sitting, instead of sea-tangle. This substance has been brought into notice by Dr. Sussdorf of New York, in a paper published in the New York *Med. Record*, July, 1877. The tents are made from the root of the nyssa aquatica, which grows in the swamps of the Southern States of America. They are usually too short, but can be had of any required length. These tents swell more quickly and to a greater degree in proportion to their size, than does the sea-tangle; but the tangle can be more easily introduced in the first instance, and, from its slower and more gradual action, will probably be found less painful and safer for the patient than the other. As soon, however, as the process of dilatation has commenced and the tissues softened and relaxed, the tupelo will complete it more quickly and thoroughly than sea-tangle. If three tupelo tents can be introduced at the second sitting, and along with them four or five pieces of No. 6 sea-tangle, the uterus will generally be found sufficiently dilated at the end of twenty-four hours more to permit the removal of a tumor measuring say three to four inches in diameter. Having dilated the uterus and made the tumor accessible, the next step is to remove it. The uterus is first seized and drawn down to the vulva by a strong vulsellum; then the tumor is laid hold of with a fine vulsellum or tenaculum, or with Dr. McClintock's spiral instrument (really a strong corkscrew), and the loop of a wire écraseur is passed around its base; finely tempered steel is best, such as a piano-string, as it, though it may be compressed in passing through the os, opens again by its own elasticity when it gets into the cavity of the uterus, and is therefore more easily passed over the tumor and being firmer and stronger than soft iron wire (such as he formerly recommended), it will bear a greater strain.

In using an écraseur, one of two effects will be produced. If both ends of the wire be attached to the screw, then a purely crushing movement is produced. If one end is attached to the screw and the other fixed, then a cutting motion is obtained combined with the crushing. This combination of crushing and cutting enables us to divide tumors that would break the strongest crushing instruments, but to obtain the combined action of crushing and cutting, the screw holding the wire must travel double the distance required in the crushing movement.

With the ordinary écraseur it is often necessary to stop in the middle of an operation and readjust the wire. This can be obviated by using Weiss's écraseur but the windlass is cumbersome and inconvenient. A Dublin student, Dr. Denham, has invented a simple instrument by which a crushing or a combined cutting and crushing movement may be obtained and by which one of the greatest practical difficulties can be overcome. The difficulty was, in encircling the tumor say 3 to 4 inches in diameter, the wire must be so long, as to make the écraseur unwieldy, but in Denham's instrument, by a very simple movement, the second end of the wire is made to follow the same course as the first. All the above applies of course, to intra-uterine tumors.

He suggests a few simple rules as to diagnosis.—1. When we have evidence of the existence of a tumor and the cavity of the uterus is enlarged, if the uterus be uniform in shape without any bulging out or unequal enlargement of any of its walls, the tumor will probably be found to be more or less pedunculated, growing from the fundus and hanging down into its cavity.

2. If the uterus be found unequal in outline, bulged out at one side and straight at the other, and if, on introducing the sound, it pass along the convex or bulged out side, then the tumor will be found to be growing from the wall opposite to where the bulging out occurs, and projecting into the cavity.

3. If this bulging out be sudden and much marked, the tumor will probably be pedunculated; if the bulge be less marked and gradual, the tumor will probably be sessile, and projecting into the cavity from the wall opposite to the bulge and may be so far interstitial as to have a thin layer of muscular fibre covering over, under the mucous membrane.

4. If the uterus be bulged out in the same manner at one side, and the sound pass along the straight instead of the convex side then the tumor will be found to be interstitial and deeply seated in the uterine wall, closer probably to the peritoneal than the mucous surface.

If further experience confirms these rules, it will afford us some aid in deciding in what cases an operation should be urged.

Discussion on Intra-uterine Medication.—(*Br. Med J.*, Aug. 30). Dr. Playfair insisted that in the absence of accurate *post mortem* investigation, that we had to depend mainly on symptoms and the results of treatment, and he maintained that intra-uterine treatment in properly selected cases often had the effect of removing acquired sterility.

Dr. Atthill remarked that the symptoms indicating the necessity of intra-uterine medication were: Derangement of menstrual function, (especially hemorrhages), dysmenorrhœa. 2. Uterine Catarrh. 3. Pain, specially that caused by pressing the point of the sound against the fundus; one or more of these being present. He objected to intra-uterine injections, and he found ointments inefficient. He employed the following agents only (by probe and cotton for fluids, and *porte caustique* or tube fcr solids): carbolic acid in solution; tincture of iodine; iodised phenol; nitric acid; solid nitrate of silver; zinc points; crayons of iodoform. Carbolic acid is best for general use, being safe and efficient; iodised phenol is recommended for cases requiring more energetic treatment. In chronic endometritis it is impossible to cure without incision of the cervix.

Dr. Battey spoke of iodised phenol to about the same effect as before at the last annual meeting of the American Gynecological Society.

Dr. Tilt said that long practice had led him to know that internal metritis was a common disease, that it was present in all bad cases of inflammation of the cervix and was often cured unaware by such treatment as restores the cervix to a healthy condition. He therefore asserted that there would be but little need of intra-uterine medication if the cervix were properly attended to; he was enabled to cure fifty cases of marked internal metritis associated with cervical inflammation without any other intra-uterine treatment than keeping free the cervical canal. But he admitted that intra-uterine treatment was needed in the following cases: 1. Incoercible blood-loss, resisting all remedies and menacing life. 2. When life or reason is menaced by the intensity with which internal metritis reacts on the system, rather than by the amount of purulent discharge to which it gives rise. 3. When internal metritis causes an aggravated complication of dysmenorrhea by menorrhagia independent of ovaritis, and menacing life or reason. 4. Membranous dysmenorrhea. 5. In habitual abortion, independent of syphilis and ovaritis, and seemingly caused by some morbid state of the endometrium. He deprecated the use of solid nitrate of silver as he had known it to be followed by fatal results.

Dr. Barnes preferred the "swabbing" method of intra-uterine medication, and he was the first person to contrive the probe. He preferred scarifications to leeches; iodine rather than carbolic acid should be used in all syphilitic affections of the womb. Nitric acid was safe when applied through a canula.

Dr. Macan thought that in nulliparous cases uterine disease arose from closure of the external os, which retained the secretions and caused dilatation of the cervix, rendering incision necessary.

Dr. Wallace said that in uterine catarrh he had great belief in hot douches of two to four gallons of water (98° to 120°). When it resisted these applications and the method of Dr. Atthill, the cause at work was generally gonorrhœa. In syphilitic cases he generally used acid nitrate of mercury, as it acted both locally and constitutionally.

A number of the speakers admitted fatal results after the use of nitric acid.

Hemorrhage from the Genital Organs During Pregnancy and Parturition.—Dr. Macan noticed Prof. Spiegelberg's (Breslau) views, that all so-called menstrual discharges were nothing but hemorrhage from pathological causes. There was no evidence to show that ovulation went on during pregnancy, and as he believed in Bischoff's theory of the dependence of menstruation on ovulation, he held that menstruation did not occur during pregnancy. What symptoms or conditions justify, in a case of threatened abortion, the giving up of all further attempts at saving the ovum? This involves the determination of the life or death of the ovum, or whether the mother's life were in danger from hemorrhage, excessive vomiting, &c.; or her condition such as to render the continuation of the pregnancy very doubtful (cholera and the acute exanthemata); or finally, whether the uterine action had gone so far that it could not be stopped, or had already led to rupture of the membranes, or to such extensive detachments as to render it probable that the ovum would soon perish, even if it were not at once expelled. The determination of these facts was most difficult. The discharge of altered (decolorized) bloodclots was not always evidence of the death of the fœtus.

The term "imperfect abortion" was applied to those cases where all of the ovum was not expelled at the same time, but when part (placenta or membrane) remained in the uterus. He drew attention to the great improvements lately introduced in the treatment of such cases by the use of Thomas's blunt wire curette or Simon's cancer scoops; by their use the painful and difficult task of dilating the cervix might often be avoided.

How should placenta prævia be treated?

There would never be anything like unanimity on this subject until a true knowledge of the changes which took place during pregnancy and parturition became more widely spread, not only the fact that the cervix was not taken up gradually into the body of the cervix during the latter months of pregnancy, but more especially that the manner in which the cervix became obliterated was very different, according as the patient was a primipara or a pluripara. Dr. Barnes had even confounded the cervical zone with the cervix itself. The placenta was never found attached to the cervix, except in rare cases, when this condition led to early abortion; and, therefore it was not correct to speak of the placenta being retracted from the cervix as the latter became retracted. In primiparæ the length of the cervix becomes doubled during labor, and its diameter was increased from that of the finger, or even less to that of the head at full term. The placenta when partially prævia was inserted into the lower zone of the body of the uterus, to one side or other of the inner os. There could be no doubt that this portion of the os to which it was attached dilated less readily than the rest—the same thing took place in carcinoma, though to a less degree—the dilatation took place at the expense of the sound portion. If this were true, Barnes's method of separating the placenta from its attachments, as far as the finger could reach could hardly be the right one. Again the mechanism of the separation of the placenta from around the margin of the inner os during labor was almost universally misunderstood. For, till the membranes were ruptured, the effect of an uterine contraction was to detach the whole lower segment of the ovum from the uterus, and force it into the cervix, the margin of the inner os being at the same time drawn upwards by the contraction of the fundus. Of course, when the placenta formed a portion of the lower segment of the ovum, it must slide downwards more or less over its seat of attachment to the uterus. Once however, the membranes were ruptured and separated to a considerable extent from the lower margin of the placenta, the ovum was no longer forced downward *en masse*, and the placenta was free to move upwards and outwards, along with the lower segment of the body of the uterus. This at once explained how rupture of the membranes in placenta prævia was often followed by a cessation of the hemorrhage. Again, it was known that at the occurrence of each pain, the circulation was almost entirely arrested in the site of the placenta, and the uterine souffle disappeared. Ergot caused such a tonic contraction that the circulation was permanently interfered with, and the child died, if not suitably delivered, from asphyxia. Hence if ergot acted properly, it ought almost to stop all circulation in the placental site, and thus prevent it in cases of placenta prævia or accidental hemorrhage If the presentation were complete, one had only to detach the placenta from one or other side of the inner os, to tear the membranes freely away from its edge, and the case for all practical purposes, became one of partial placenta prævia. This was the great treatment of placenta prævia; but, if once rupture of the membranes, or separation of one portion of the placenta (in a case of complete presentation), were impracticable, then we must plug until one or both became possible.

The newest points in treatment of post partum hemorrhage, were the use of ergot subcutaneously, the injection of hot (*not warm*) water at 110° to 120° F., into the uterus to arouse it to contract, and the use of various diffusible stimuli subcutaneously, as ether, camphor, musk or brandy.

Prevention and Treatment of Post-Partum Hemorrhage.—Dr. Madden, in an extensive hospital and private practice, had seen but two fatal cases. In nine cases, solution of perchloride of iron was resorted to; in eighteen the hemorrhage was arrested, and in one it failed. He considered that the ordinary method of using this styptic (syringe passed up to the fundus) was a hazardous proceeding. He recommended the direct application of a sponge, soaked with the strong liquor ferri perchlor. to the bleeding vessels, and carried by the hand into the uterus and retained there until firm contraction was produced; this in his opinion is the most effectual method of treating flooding. The subcutaneous injection of ether in collapse from flooding would take the place of transfusion.

Dr. Walter and Dr. Kerr recommended the hot (110–120° F.) water treatment—a thermometer should be used in every case.

Dr. Dill considered pouring cold water from a height on the abdomen as most valuable.

Dr. Barnes said there were cases where the uterus had lost all reflex contractility. In these cases, the application of cold, the injection of cold, or of warm water, was of no avail. The immediate application of some styptic to the gaping veins, such as the perchloride of iron, would alone arrest the hemorrhage. He had lately attended a lady in her eighth confinement, in whom the uterus had become relaxed from previous confinements and had lost the power of contracting. Knowing this, he adopted every precaution. The hand never left the uterus from the moment the child was born, until long after the expulsion of the placenta. In spite of all precautions, as the subcutaneous injection of ergot and continued pressure on the uterus, hemorrhage set in. The subcutaneous injection of brandy, the injection of warm water into the uterus, the injection of a solution of iodine into the uterus, were tried in succession, but failed to arrest the hemorrhage. The patient was now blind, deaf, pulseless at the wrist, and almost *in extremis* The perchloride of iron was injected and the hemorrhage was at once arrested. In half an hour the patient had rallied, and she made a good recovery. This was a typical case for the use of the perchloride and without it the patient must have died.

Dr. Atthill confined his remarks to the use of four principal agents used for arresting *post partum* hemorrhage; ergot, cold water, warm water and perchloride of iron. Ergot was unreliable, it took time to act, and though valuable if administered to anticipate hemorrhage, was nearly useless at the time, even if injected under the skin. Cold was an efficient agent if used in the proper cases and at the right time, while the patient was warm and reaction consequently followed. If its use were prolonged, or the patient cold and exhausted, it was worse than useless. It was at this stage that hot water came in to advantage. At the proper temperature (100° F. was enough) hot water was valuable, but far from being absolutely efficient. Perchloride of iron was in some cases absolutely demanded, and was the most certain means of checking post-partum hemorrhage, but it was not absolutely safe. He knew of one case in which it seemed to cause instantaneous death and he had known death to follow in a few moments from syringing the vagina; air had entered the uterus and caused death. Might this not also have been the cause of death when the perchloride was used?

Dr. Kidd said that Dr. Henry Bennet had drawn attention to inflammation of the cervix as a frequent cause of hemorrhage in the early months of pregnancy, and this was in accordance with the speaker's experience. On curing this the hemorrhage ceased and pregnancy went on to term. The thermometer was not an absolute guide as to whether the fœtus were dead or alive and we must yet rely on the old rules of practice and endeavor, when the os was not open and no portion of the ovum protruded, to prevent abortion. Plugging the vagina was a most valuable method of controlling hemorrhage, but so long as there was any hope of preventing the abortion, no attempt should be made at plugging the os. It was doubtful whether the vagina should be plugged under such circumstances, unless the hemorrhage were excessive. When the embryo had come away and the membranes remained, plugging was a most valuable means of treatment in the early months. This was a most perplexing condition; so long as the membranes were retained, the patient was liable to excessive or even fatal hemorrhage at any moment, and they might be retained for days; but if the vagina were efficiently plugged, more especially if Dr. Henry Bennet's form of plugging the os, "bottling up the uterus," as he called it, were adopted, the attendant might leave his patient for some hours, satisfied that no hemorrhage of consequence could take place, and when he removed the plug at the end of 10 or 12 hours, he would probably find the membranes in the vagina, and all risk of hemorrhage over.

Another plan that had often been adopted, especially when the membranes had not come away with the first plug and the os was open, was to pass a catheter into the uterus, and with a syringe throw up a stream of cold water. This generally caused their expulsion in a few minutes, and he had never seen any unpleasant consequences arise from the injection.

Plugging was a German practice introduced in the last century, and had long been the practice in Dublin. When the membranes were unruptured, or the case was one of complete placenta prævia, it was a most remarkable method of controlling hemorrhage till the os was sufficiently dilated to allow the completion of labor. If the placenta was attached all round the os internum, or the membranes were unbroken, the blood could not accumulate in the uterus But plugging was not so much in use now in Dublin as formerly. Twelve or fourteen years ago, there was a great debate in the London Obstetrical Society, on the treatment of placenta prævia; and since then the induction of labor as soon as possible after the discovery of the nature of the case, especially if the child were viable, had been more and more adopted as the rule of practice. He had himself been frequently called to see patients who had been safely conducted through one or two early and slight hemorrhages, and then reduced to a state of so great prostration by a sudden rush of blood that they died in the act of delivery, or even before it was attempted; and therefore he lost no opportunity of urging the induction of labor as soon as it was clearly ascertained that it was a case of placenta prævia. For this purpose plugging the os after Dr. Bennet's plan, with prepared sponge, as suggested by Dr. Playfair, was the best means of commencing the induction of labor, not only checking the bleeding, but dilating the os. Dr. Edis had drawn attention to the preventive treatment of *post-partum* hemorrhage, to the advantage of attending to the general health before labor came on. He had happily compared this to the training an athlete underwent before undertaking any great physical exertion. The undue prolongation of labor was one of the most frequent causes of *post-partum* hemorrhage and the labor should be promptly terminated by the forceps when delay threatened to exhaust the patient in the second stage.

Another valuable means of preventing hemorrhage which had not been spoken of, was placing the hand on the fundus as soon as the childs head was expelled and following the uterus down, keeping it contracted for some time after the placenta was expelled to afford time for the closing of the vessels by nature's own processes. This is very different from the method of Credé. The Collin's or Dublin method was to wait till the uterus expelled the placenta by its own efforts, securing a good contraction all the time; and with the same reason one did not extract the child, but allowed it to be expelled, even the feet, by contractions of the uterus and vagina. He was always glad to see vomiting in cases of hemorrhage, and more than suspected that the greatest benefit derived from the use of ergot by the mouth was caused by the vomiting it often induced. He had seldom seen hemorrhage recur after vomiting had taken place, though he had never tried Higginbottom's recommendation of giving ipecacuanha in post-partum hemorrhage.

The introduction of the hand into the uterus for the removal of clots and causing contraction, as a means of causing contraction was certainly a most efficient mode of treatment and should always precede the use of any kind of injections.

The conditions are not yet proved under which injection of hot water might be relied on for inducing contraction and checking bleeding. In the Coombe Lying-in Hospital, they had often tried the introduction of a small piece of the solid perchloride into the uterus, either leaving it there, or removing it in a few seconds; and the practice was probably a safer one than the injection of a solution. The patient's head should be lowered, and the foot of the bed raised, to favor the flow of blood to the brain; bandaging the abdomen by compressing the vena cava and other large veins contributed to the same effect. Quite recently German writers suggested bandaging the limbs tightly with the same view ("antotransfusion"). The last resource was transfusion, and after some experience with the method of Dr. Robert McDonnell, it was not difficult and was almost entirely devoid of danger; it should be had recourse to at a much earlier stage than had hitherto been done.

The Treatment of Vomiting of Pregnancy.—Dr. Graily Hewitt believed that the vomiting of pregnancy was one of the reflex disturbances produced by resistance to the normal expansion of the tissues at and around the internal uterine orifice. The success that had attended Dr. Copeman's method by dilatation was to be explained in two ways: (1) by the change of the flexed condition of the uterus, (which the auther had pointed out to be an usual cause of sickness,) to a condition of comparative straightness, (2) by the relief of the compression and condensation of the tissues by the artificial dilatation. Relief might be obtained by (1) elevating the body of the uterus and thereby taking off the pressure at the internal os; or (2) by dilatation of the cervix after the method of Dr. Copeman. The postural method was generally sufficient.

The president (Dr. Kidd, Dublin), had early learned from Dr. Bennet's book that inflammation of the cervix uteri was a frequent cause of excessive vomiting in early pregnancy, and he had since made it a rule to examine the uterus in such cases and frequently found the condition described by Dr. Bennet; and on touching the inflamed surface freely with solid nitrate of silver, the vomiting generally ceased. He recalled the fact that Dr. Sims had about a year ago communicated to the journals a letter from an American practitioner recommending blistering the cervix with nitrate of silver which he thought acted as a counterirritant. It generally failed in cases other than inflammatory. In many cases the free use of purgatives gave much relief. He did not attach so much importance to flexions as Dr. Hewitt did, he had seen many cases of excessive vomiting where no flexion was present and many cases of marked flexion where there was no vomiting.

Dilatation of the cervix he thought liable to produce abortion and he had seen it followed by fatal peritonitis; he had never tried it.

A number of clinical papers were read by Dr. Barnes, Dr. Aveling and others on Inversio Uteri.

* * *

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF VIRGINIA.

The State Medical Society of Virginia convened in Sarepta Hall, in Alexandria, on Tuesday evening, October 21st.

The president, Dr. L. S. Joynes, of Richmond, called the Society to order and Dr. L. B. Edwards acted as secretary.

Dr. R. C. Powell, chairman of the local committee, welcomed the members of the society as follows:

Mr. President and Gentlemen: It is my pleasing duty, on behalf of my professional brothers, to welcome you to our city and our homes. Situated on the very confines of the State, and debarred from both social and professional intercourse with most of you, your arrival in our midst is greeted with a double welcome. We welcome you for the opportunity it affords of making the personal acquaintance of so many whom we have never met before, but whose names are as familiar in our mouths as household words, and whose reputation no one locality contains. And we welcome you for more than this; we welcome you for the great benefit we expect to derive from the reports and addresses of those who bring before us their accumulated facts—for by facts alone is the science of medicine enriched, and only he who furnishes new facts contributes to its wealth. In former days our medical men, with childlike faith received as gospel truths the wildest theories that emanated from the brains of so-called medical philosophers. They erroneously regarded the man who was often correct as always infallible, and considered the image and superscription of *their* Cæsar as a sufficient guarantee for the genuineness of the metal that constituted the coin, and often accepted as consecrated truth the false divinings of mistaken oracles. But the cultivated physician of to-day, wearied by the sterility of such purely speculative philosophy as ignores the wonderful advance of empiric knowledge, stands upon the firm basis afforded by experimental science, and does not hesitate to reject any theory, however distinguished its architect or beautiful its structure, that is not built upon the solid foundation of established fact. And, gentlemen, there never was a time in the history of medicine when the means, processes and appliances for obtaining facts were as varied and numerous as now; and never before did experimental researches in pathology and physiology yield such fruitful results to well directed labors, and we confidently expect that the proceedings of this meeting will show that if the Medical Society of Virginia does not embrace many great *leaders* in such investigations, it includes a host of those who follow close behind, and are striving to march abreast of those who lead.

In conclusion, gentlemen, the physicians of Alexandria, in all sincerity, address to each of you fair Portia's greeting to Antonio:

"Sir, you are very welcome to our house; it must appear in other ways than words; therefore, I scant this *breathing* courtesy; and may a curse take root in every heart that is not glad to see you."

The President, on behalf the society delivered an appropriate response

The roll was called, and twenty-seven members answered to their names.

The names of twenty-three candidates for membership were announced, and they were duly elected.

Dr. Oscar Wiley, of Salem, Roanoke county, then delivered the annual oration. His subject was: "The Life of the Physician—Its Trials, Its Hardships and Its Responsibilities." He did his subject ample justice, as evidenced by the appreciative applause. In closing he paid a glowing tribute to the memory of deceased members of the society.

The President delivered the address usual on such occasions. He urged the advantages to be derived from fellowship in the society. He regretted that the membership was so small in proportion to the number of persons in the profession in the State.

The address entered at length into the laws of the State, which bear upon the medical profession, and discussed their shortcomings, the points in which they ought to be amended and how such amendment could be secured. The Doctor proceeded at length to show the members how they could advance the cause of medicine, even though they might be only country practitioners. He adduced a number of examples of country physicians who had rendered most distinguished service to humanity and the profession. He deprecated factious differences between physicians, but said that there must naturally be differences of opinion in medicine as in all other matters. He noted, as examples, the differences of theologians, lawyers, &c.

He urged the members to work together for the alleviation of human misery and the good of their fellow men.

MORNING SESSION, WEDNESDAY OCTOBER 22ND.

Society opened in due form. Prayer by Rev. Dr. Boyle.

Dr. S. K. Jackson, of Norfolk, read an interesting paper upon Hygiene and Public Health, in which he strongly urged continued investigations into the perturbing cause of yellow fever, believing that final success will crown the efforts of the investigators. He discussed with ability the properties of various disinfectants and their effects upon disease.

A motion that the Fellows of the association rise in respect to the presence of Drs. Sims and Toner was carried, and that ceremony having been gone through with, Dr. Sims for himself and Dr. Toner returned thanks in a few appropriate remarks.

A paper on Chemistry, Pharmacy, Materia Medica and Therapeutics, by Dr. E. T. Robinson, of Richmond, was read by the Secretary, Dr. Edwards, and referred to the publication committee.

A letter was received from Dr. Chancellor, of Charlottesville, apologizing for a failure to make a report on Anatomy and Physiology, on account of ill health.

The chair announced the following committee to nominate officers for the ensuing year: Drs. Hunter McGuire, S. C. Gleaves, H. D. Kerfoot, C. C. Conway, Geo. B. Jennings, J. E. L. Delk, A. R. Mott, Wm. Gibson, R. W. Nelson, A. W. Fontaine, B. Blackford, R. F. Gray and W. J. Jones.

A paper on the advances in diseases of children, by Dr. Geo. B. Jennings, and an additional paper on Obstetrics, by Dr. Randolph, were read and referred to the Committee on Publication.

A resolution to refer all papers that may require over thirty minutes to read, unless containing original research or observation, was objected to by Dr. Cunningham and advocated by Dr. Edwards, and finally, on motion of Dr. McGuire, laid on the table.

A letter was read from Dr. McCaw, asking that the committee on the mineral waters of Virginia be continued till next year, on account of inability to obtain proper statistics.

Dr. Randolph advised that the subject to be reported upon should be divided, and the different waters be taken up separately.

Dr. Blackford moved that the waters be taken up alphabetically beginning with the Alum upon which a report should be made next year, The motion was lost and the committee continued as asked by Dr. McCaw.

A National Board of Health having been appointed, the committee on that subject was discharged.

Drs. J. Marion Sims, of New York, H. P. C. Wilson, of Baltimore, J. M. Toner, of Washington, Murray, of Florida, and other distinguished physicians were present.

NIGHT SESSION, OCTOBER 22ND.

Society met at 7–45 o'clock. The president suggested the propriety of appointing three delegates to the decennial convention to revise the pharmacopœia, which will assemble in Washington next year.

On motion of Dr. Cunningham, the President was authorized to appoint the delegates at his leisure.

Dr. Frederick Horner, jr., was then introduced, and addressed the society on the feasibility and advisability of organizing a Medical Aid Society in this State. The plan is to form a kind of Mutual Insurance and Beneficial Society to embrace all physicians in the State, to furnish relief to those disabled, and assist the families of those who die. He cited various examples of such societies in other States, and other professions, and presented sundry resolutions of the Fauquier County Medical Society, in favor of the formation of such a society in this State.

At the conclusion of Dr. Horner's remarks,

Dr. Edwards moved that the subject be referred to a committee of five with instructions to consider it especially in reference to its relation to the profession in Virginia.

A report on the Progress of Practical Medicine was then read by Dr. W. H. Bramlett, of Newbern, Va., and referred to the committee on publication. The following committee on the subject of the Mutual Aid Society was announced: Drs. Frederick Horner, jr., Geo. B. Johnston, A. W. Fontaine, W. S. Love and W. H. Daughtry,

Dr. W. C. Dabney, of Charlottesville, read a paper on Sutural Re-union of Divided Nerves," which was referred to the publication committee with directions to publish.

The Secretary read a report from Dr. Wm. Selden, of Norfolk, on an Autopsy of a case of Bony Union of Intracapsular Fracture of the Neck of the Femur, which was referred to the same committee.

Dr. W. J. Jones, of Augusta, presented a report of a case of Antiseptic Surgery, accompanied by a specimen of amputated bone.

Dr. R. W. Nelson, of Charlottesville, presented a paper on a case of Inversion of the Uterus, which was read by the Secretary, and likewise referred

Dr. Nelson moved that the vote by which the committee on mineral waters was continued for another year be reconsidered.

The motion was adopted.

Dr. Nelson said that the field was one, and he would suggest that three committees be appointed, instead of one, to consider and report upon the subject. It would be almost impossible for one committee to do the work.

Dr. W. C. N. Randolph, of Charlottesville, seconded the motion, but suggested the appointment of four committees, each to consist of three members; one committee on the Thermal waters, one on the Sulphur, one on the Lithia and Magnesia and one the Alum and Chalybeate.

The amendment was accepted.

Dr. Cunningham, of Richmond, enquired as to the scope of investigation.

Dr. Nelson thought that it would embrace all the medical qualities of the waters and their uses in sickness.

Dr. Horner thought the waters of Virginia superior to those of Europe, and thought the members should be encouraged to renewed efforts in investigating their value.

Dr. Edwards thought that, as there was a committee already in existence, who had made partial researches, it might be well to leave the subject with them or consult them.

Dr. Blackford thought the present committee could appoint subcommittees and carry on the inquiry.

Dr. Claiborne spoke in favor of letting the present committee remain, and authorizing Dr. McCaw, the chairman, to enlarge the committee, and offered an amendment to that effect.

Dr Randolph favored the four committees.

The amendment of Dr. Claiborne was lost, and the resolution of Dr. Nelson was adopted.

On motion of Dr. Nelson, Dr. McCaw was continued on the committee, and was allowed to select either branch of the subject.

The President stated that the committees would be appointed by his successor, after Dr. McCaw's preference had been ascertained.

The society then adjourned until 10 o'clock Thursday morning.

MORNING SESSION, OCTOBER 23rd.

Society met pursuant to adjournment.

The report of the Corresponding Secretary was received and accepted. It is as follows:

RICHMOND, VA., OCT. 22ND, 1879.

Information has been received of the death of the following named fellows:

Drs. Thomas Withers, Howell L. Thomas, Charles H. Smith, Joseph W. Smith, Geo. W. Briggs, J. M. Stover, John C. Baylor and Wm. M. Wilson.

This information has been duly transmitted to the chairman of the Committee on Necrology.

The following gentlemen, having paid all dues in full, respectfully offer their resignations of fellowship: Drs. S. W. Budd, Thos. H. Barnes, George H. Snead, John B. Coakley, S. M. Teel, N. L. Cheatwood, J. M. Davis, John S. Andrews, Beverly P. Morris, S. H. Price, G. P. Terrell.

Honorary Fellows, Drs. R. A. Sale, A. S. Payne and Henry Latham have given due information to the Secretary that they are seventy years of age, and hence are no longer subject to annual assessments.

Dr. George L. Anderson resigned in 1877, and Dr. James B. Jordan resigned in 1875; hence their names should not have appeared in the alphabetical register of Fellows as printed in the last volume of transactions.

The usual society exchanges in the form of transactions have been received.

Dr. J. A. Alexander, of Broadway, Va., having paid up his dues, as stated on the ledger, has been re-instated into fellowship.

The following is a statistical statement of the number of Fellows, etc., embracing all information received during the tenth annual session:

Number of active Fellows on adjournment of ninth session		379
Number elected during tenth session		28
Number reinstated on paying dues in 1879		1
Total on register during 10th session		408
During the years 1878–9 there have died	8	
Resignations accepted during session 1879	11	
Incorrectly reported as Fellows, 1878	2	
		387

Dr. Hunter McGuire, chairman of the committee on nominations, recommended the following named gentlemen as officers for the ensuing year.

President—Dr. Henry Latham, of Lynchburg. Vice Presidents—1st, Dr. W. H. Bramlett, of Pulaski; 2d, Dr. R. C. Powell, of Alexandria; 3d. Dr. G. K. Robinson, of Danville; 4th, Dr. W. P. McGuire, of Winchester; 5th, Dr. W. H. Daughtry, of Southampton; 6th, Dr. C. C. Conway, of Culpeper. Recording Secretary and Treasurer—Dr. Landon B. Edwards. Corresponding Secretary—Dr. C. Tompkins. Assistant Recording Secretary—Dr. Chas. S. Brittan. Committee on Nominations—Dr. J. Riddell, of Richmond; Dr. J. W. Dillard, of Lynchburg; Dr. H. D. Kerfoot, of Clarke; Dr. Nelson, of Charlottesville; Dr. J. C. Green of Danville. Executive Committee—Dr. W. W. Parker, of Richmond; Dr. N. H. Burke, of Blue Ridge Springs; Dr. H. G. Leigh, of Petersburg; Dr. B. Blackford of Lynchburg, Dr. Thomas B. Ward, of Norfolk, Recording Secretary and Treasurer ex-officio.

Committee on Publications—Dr. E. T. Robinson, Richmond, Dr. J. S. Wellford, Richmond; Dr. O. F. Manson, Richmond, Recording Secretary and Treasurer, ex-officio.

On motion of Dr. Payne, Dr. McGuire was authorized to cast the vote of the society for the officers just nominated, which was accordingly done, and the nominees were declared duly and unanimously elected.

The nominating committee recommended Danville as the next place of meeting.

Dr. Horner recommended and urged Winchester as the place of meeting.

Dr. Dillard urged the claims of Danville, which place was then selected.

Dr. Payne, of Lynchburg, offered a resolution directing that hereafter the President be elected by the vote of the whole society, and not upon the recommendation of a nominating committee.

Dr. Dabney opposed the resolution on the ground that it would cause delay in the proceedings.

Dr. Horner favored the resolution.

Dr. Hunter McGuire stated that Dr. Payne's resolution originated with the nominating committee and met with the unanimous approval of that committee. and favored its adoption.

Dr. Riddell fully endorsed the resolution, which was then adopted by a decided majority.

Dr. Payne and Dr. McGuire then conducted the newly elected president, Dr. Henry Latham, to the chair.

Dr. Joynes, in retiring from the Presidency, made a few appropriate remarks, and complimented Dr. Latham upon his accession.

Dr. Latham returned his thanks to the Society for the honor conferred, and hoped that Virginia would in the future not only boast of being the mother of Presidents, but of having the best medical society in the country.

On motion of Dr. McGuire the thanks of the society were tendered to the retiring president, for the faithful, zealous, and able discharge of his duties during his presidential term.

Dr. Cunningham moved that the president's address shall hereafter be delivered at 11 o'clock on the morning of the second day of the meeting of the society, or at the evening meeting of that day.

Dr. Hunter McGuire then read a very interesting report of two cases of Battey's operation successfully performed by himself.

Dr. Sims complimented Dr. McGuire for the very interesting accounts just read, and was warm in his praise of Battey's operation.

Dr. McGuire thought that but to save life or prevent insanity the operation should not be performed.

Dr. Sims coincided with Dr. McGuire in the danger attending the operation.

Dr. Wilson, of Baltimore, was profuse in his praise of Battey's operation.

Dr. Joynes was elected an honorary member of the society unanimously.

Dr. H. P. C. Wilson, of Baltimore, an invited guest of the society, read a paper on Paquelin's Thermo-Cautery with Wilson's Thermantidote in Epithelioma of the Cervix Uteri. It will be remembered that attention was called to this invention of Dr. Wilson in the May, 1879, No. of this JOURNAL, and a description of the Thermantidote and its uses were then published.

Since that time Dr. Wilson has greatly improved his invention, and as now completed it will prove to be one of the most valuable instruments in the armamentarium of the gynecologist. It is safe to say that the Thermantidote has placed the Thermo-Cautery in a position of usefulness it could never have attained without this invention. Before the Thermantidote was invented it was next to impossible to operate in any deep cavity as the mouth, vagina, rectum or abdomen with Paqulin's Cautery, the soft parts being subjected to such intense heat as to render the operation not only excruciatingly painful, but destructive to sound tissues and hazardous to life. The Thermantidote protects the shaft of the thermo-cautér to that extent that now no trouble is experienced from the intense heat to which it is subjected.

The improvement which Dr. Wilson has recently made can be made plain by the cuts which are here exhibited.

Plate C.

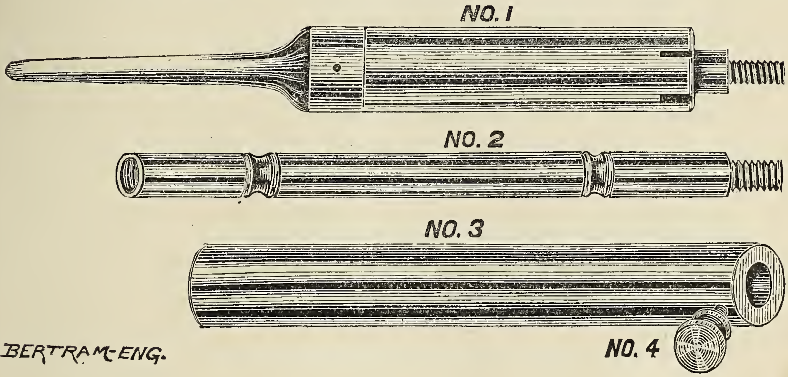

Plate D.

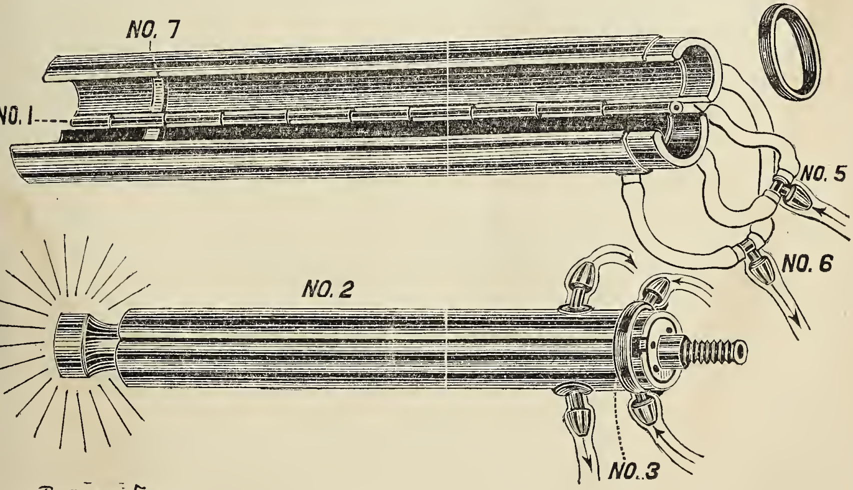

Plate C. No. 1, shows one of Paqulin's short knives, and No. 2 is a stem which is screwed on No. 1 for the purpose of lengthening the handle of the knife. This stem is too small to be held firmly by the same Thermantidote used with the curved knife.

To overcome this difficulty Dr. Wilson has invented a short cylinder, as seen at No. 3, plate C., which slips over stem No. 2, and is fixed by a thumb screw, as seen at No. 4. This cylinder over the stem renders the shafts of all Paquelin's short knives of the same length and applicable to the same Thermantidote as the curved knife in plate A. to be found in the May number of this JOURNAL. Owing to the size and diameter of the button like end of the long cautery and the ferule around the near end of the shaft of the same, it is impossible to slip it through a Thermantidote of the same diameter as that and the knives, and it is not desirable to increase its diameter, as it would occupy too much space when in deep, narrow cavities. To correct this Dr. Wilson has devised one with equilateral sides united by a hinge joint as represented in plate D., No. 1. These halves have each a water supply pipe and waste water pipe, and when brought together completely surround the cautery, as shown at No. 2, plate D. These halves are secured by a ring slipped over them, as shown at No. 3, plate D. The best method of managing this cautery is to heat it first, and when ready for use lay it in the hinge joint Thermantidote, and close the halves over it. This hinge joint Thermantidote may be used to completely enclose all the knives of Paquelin by those who prefer it to the fenestrated one. No. 5, plate D. represents the two water supply pipes united by gum tubing at the single point of entrance, and No. 6, the two waste water pipes united at a single point of entrance. No. 7 represents the bridge on which rest the cautery to prevent the walls of the cylinder from hugging too closely the shaft.

It will be remembered that all the knives of Paquelin are not of the same length and that this improvement of Dr. Wilson is designed to render them all equally useful. The fenestrated Thermantidote did not admit of the use of the short knife represented in plate C., No. 1.

A vote of thanks was tendered Dr. Wilson for his useful discourse, and his very interesting experiments, and his paper was ordered to be published in the Journal.

Dr. Sims praised the invention of Dr. Wilson, and in this connection gave some very interesting facts in reference to neuralgic affections and their cure by cauterizing.

Dr. J. M. Toner read a very interesting sketch of the life and services of Dr. James Craik, Washington's physician and friend.

The treasurer's report was presented, and showed a balance in his hands after paying all expenses of $2.58. The collections have been about $1,178, and the expenditures $1,175.

Dr. Sims made some most interesting remarks upon abscess of the liver by giving his personal experience, which were listened to with the most marked attention and applauded.

Several members expressed their delight at the statements of Dr. Sims and he was requested to write out his remarks for publication.

The society then adjourned till 4.30 this evening.

Antiseptics and Disinfectants made the subject for discussion at this session of the Society was passed over.

Dr. Kerfoot moved that the subject for discussions at the next annual meeting be—Tobacco ; its use and abuse in health and disease. Lost.

Dr. Martin moved that Summer Complaint of Children be the subject. Adopted.

A paper on Diphtheria by Dr. A. M. Fauntleroy was referred without reading.

The necrological report was referred without reading.

Drs. Dillard, Kerfoot, Powell, Ashton and Payne, of Fauquier, were put in nomination for the next annual orator, but were all withdrawn except Drs. Ashton and Payne, and a ballot being taken resulted: Payne 10, Ashton 10, whereupon the President cast his vote for Dr. Ashton, and, thereupon that gentleman was declared the unanimous choice of the society for its next orator.

Society adjourned to meet in Danville next year.

BALTIMORE ACADEMY OF MEDICINE.

SPECIAL MEETING HELD OCTOBER 7TH, 1879.

Dr. W. C. Van Bibber gave the following histories of two cases under his observation, in which sudden death took place :

(1). A gentleman, aged 71, of good habits and never sick before, consulted him last summer, stating that he had fallen off in 18 months from 220 lbs., to 158 lbs. He was seen but once, when an examination of the urine showed the absence of albumen. He was advised to go for the summer to the Virginia Springs, which he did. About a fortnight ago, he returned, feeling remarkably well, having gained over ten pounds. On last Saturday night (Oct. 4th), after attending during the day to his ordinary business, and having supped, he retired to bed about 9 P. M. At 10 P. M., he complained of an exceedingly violent pain in the left side above the hip. This was relieved by friction and mustard and he returned to bed. He asked for a handkerchief and seemed to be perfectly rational. His wife now left the room for about ten minutes; on returning she found him lying over a lounge, face downward, and unable to speak. A physician was immediately summoned, who found him with weak pulse, and breathing labored but without stertor. He died about three quarters of an hour later. An autopsy was made October 6th, 38 hours after death. Examination of the thorax showed the lungs to be perfectly normal. The heart was slightly dilated, but otherwise healthy. The pericardium contained about ℥iiss of bloody serum. On turning up the omentum, after opening the abdomen, a dark mass was brought into view, resembling an enormously hypertrophied spleen, and occupying nearly the whole left side of the abdomen. This proved to be a clot of firmly coagulated blood, covered by the posterior parietal peritoneum. On turning out the clot, an aneurismal sac, 5½ inches long, and 3 inches in diameter, was found just above the bifurcation of the aorta. The point of rupture was at the upper part and left side of the sac and was somewhat L shaped. The aorta was very atheromatous at the side of the aneurism. The clot was estimated to contain about 2½ quarts of blood. Death was attributed to hemorrhage and shock.

(2). A gentleman, 38 years of age, of fine physical development, and apparently in the enjoyment of good health, died suddenly last January. He had slept well during the night. About 7 o'clock in the morning his wife left his room, having some conversation with him before leaving. He was perfectly rational and did not complain of feeling unwell. A quarter of an hour later his office boy called to ask if he had any orders and received the answer that he was about to get up and would be at the office in a few minutes. Twenty minutes after this his wife returned and found him still in bed and insensible. There was no stertor, but a gradual sinking and before a physician could arrive he was dead.

Autopsy 8 hours after death. On removal of the calvarium and dura mater, two plaques of lymph, each about the size of a 20 cent piece and evidently not of recent formation, were found over the posterior part of the middle lobes, one on each side of the longitudinal sinus. There was a very thin clot of fresh blood, about an inch long, over the plaque of lymph on the right side. There was about the normal quantity of cephalo-rachidian fluid. Section of the brain showed slight congestion throughout. There was no effusion into the ventricles. In the optic thalami, the medulla oblongata and pons varolii, there were several minute points of hemorrhage. The thorax and abdomen were carefully examined and all the organs found normal. The brain lesions were the only ones found to account for death.

Dr. Williams said the cause of death in the second case was not cleared up by the autopsy, there were no symptoms of serous appoplexy.

Dr. Van Bibber said that this gentleman had fallen upon the ice some days before his death, receiving a very severe blow upon the head, of which however, he never complained subsequently. He thought the death could be accounted for rationally by the evidences of previous inflammation evinced by the plaques of lymph and by the congested condition of the brain.

Dr. Arnold had recently had at the City Hospital a case of obscure character, in a man found unconscious on the street, and who died shortly after admission. On post-mortem examination, the only lesion that was found was a small clot in the raphé of the pons varolii.

Dr. Morris said that in the case of vice-president Wilson, Dr. Hammond had found a small clot the size of a pea in the brain, and a calcareous condition of the arteries at the base of the brain, but had not attributed his death to these but to disease of the spine and shock.

Dr. Chisolm reported that the case related at the meeting of the Academy held June 3rd (see *Maryland Med. Jour.* for July), in which section of the optic and ciliary nerves was substituted for enucleation in an eye lost by injury, and threatening the integrity of the sound eye, had remained free from pain and the operation was a complete success. Since the report of this case, he had operated upon four others, with as prompt relief as in the first. Two of these operations were performed last week. In one of these, a young gentleman had received an injury of the eye three months ago, by a piece of iron, and was subject in consequence to intense pain, day and night. The relief was immediate and so far permanent· In the other case, that of a woman, who received an injury of the eye 25 years ago, the suffering for five months previous to the operation had amounted to perpetual torture. The relief here was equally prompt.

Dr. C. also mentioned a case of diphtheritic conjunctivitis, recently under his observation. This affection is said to be common in Germany, but seldom met with in England. This was the first case met with by him here. The patient was a girl, with thick lids. The deposit occurred on both lids and upon eversion gave a grayish appearance to the surface. A little girl, who was present at the same clinic and had an eruption about the eyelids, came back four days afterwards with diphtheritic deposits thereon, and a woman with ulcer of the cornea, who had been exposed in the same way, had a deposit of false membrane at the site of her ulcer. These patients had only met in the reception room of the dispensary, and had not been touched by the same dressings or brushes. Of the 100 patients present, only these two cases of contagion occurred.

REGULAR MEETING HELD OCTOBER 21st, 1879.

Dr. Chisolm presented a patient, covered with tumors of the order of Moluscum Fibrosum, with the following history .—He was 59 years old and came under observation first October 18th. He was then suffering from a red and vascular tumor, situated between the left temple and nose, occupying the situation of the left eye and extending down upon the left cheek, from the brow as far as the lip. On lifting this mass from the cheek, it was seen to consist of the two lids, enormously hypertrophied, and divided by a great split three inches long. His statement was that 45 years ago he had a tumor in the region of the left upper eyelid, about the size of a walnut, which was cut into by his family physician. Subsequently Prof. N. R. Smith, attempted its removal, but the hemorrhage was so profuse that he had to desist. It remained about in the same condition, although increasing slowly from year to year, until about four months ago, when it took on rapid growth, which continued until the above date, when it was removed by Dr. C. It was found to consist of masses of blood-vessels bound together by connective tissue, and owing to this erectile character the incisions for its removal had to be made with great caution and the bleeding controlled by clamping the exposed surface, and by the liberal use of sutures instead of ligatures. The bleeding was very profuse, but owing to this care the amount of blood lost did not exceed a pint. Enough of the lids was left to cover the cavity made by the removal of the mass. The specimen was exhibited. The patient is doing well, and has had no hemorrhage since the operation. This patient's whole body before and behind and his extremities are covered with -nnumerable (many hundred) vascular or erectile swellings, ranging rom the size of a small shot, to that of hickory nut.

Dr. Chew reported a case of puerperal eclampsia. He attended the patient three years ago in her first confinement, which was perfectly natural. He had had no occasion to prescribe for her since, although he had been called to see other members of her household. After spending last summer in the country, she returned to the city September 18th, and he called in that day. He found her with enormously swollen face and limbs, but she said she felt well but for the difficulty in walking, and had had no headache at any time. On examination the urine showed albumen present, in the proportion of nearly one-half, and epithelial and granular casts were seen under the microscope. He ordered her to use cream-of-tarter lemonade freely, and to take sufficient Hunjadi Janos water to cause several stools daily. Under this treatment, the urine, which previously had been reduced somewhat below the normal amount became more copious, but the amount of albumen remained the same. October 15th, at 6 P. M., he was summoned and found her in labor; the waters had broken and dilating pains had come on. Owing to the swollen condition of the parts, a vertex presentation was with difficulty made out. The labor proceeded normally until about 12 midnight, when suddenly she said that she could not see, although her eyes were open, and shortly afterwards there were contortions of the face, succeeded by a general convulsion. Chloroform was at once administered and checked the convulsion, after which the forceps were applied, but as the head was still high up, difficulty in locking them was encountered. On removing them to effect a readjustment, a second convulsion occurred. The patient was now bled from the arm, but owing to the swollen condition of the limb, very little blood was obtained. After the second convulsion, labor advanced rapidly, and the child was soon born without the further use of forceps, but after a few feeble gasps it exexpired. While Dr. C. was endeavoring to resusitate it, the placenta was removed by Dr. Wm. T. Howard, who had been called in consultation. At 2 A. M., another convulsion occurred, which was relieved again by chloroform. During its administration, gr. $\frac{1}{4}$ morphia was injected hypodermically by Dr. Howard. Stupor continued until, at 6 A. M., the convulsion was repeated, but was less violent than before and was again checked by the anæsthetic. At 7 A. M. there was a fifth convulsion, which was treated by chloroform and followed by a hypodermic of ♏ vij Majendie's solution. She continued somnolent. At 9 A. M. there was a sixth convulsion, which was speedily checked by chloroform. Dr. Chew having introduced a catheter, and withdrawn only ℥ iv or v of turbid urine, determined at the instance of Dr. Howard, and in view of the fact that the venesection he had practised had withdrawn very little blood, to attempt to relieve the kidneys by local blood-letting. Four large cups were accordingly applied over each kidney and an amount of blood estimated at ℥ x to xij drawn; about oj had been lost in the labor. At 11 o'clock another hypodermic of morphia was given. There were no further convulsions. The urine on microscopic examination, exhibited granular casts and disintegrated blood corpuscles. After this there was steady improvement. Twenty-four hours after delivery, the pulse was about 130; on the following day it was 88, the kidneys were acting profusely, and the patient was cheerful. The dropsy has now (October 21st, six days after delivery) entirely gone, and the urine is free from any trace of albumen.

Two specimens of urine were exhibited, one drawn one hour before the cupping, the other five or six hours after it, exhibiting a striking difference in appearance, the former being of a chocolate color, the latter nearly normal, with only a faint buff-colored cloudiness. In reviewing the case Dr. C. said that he regarded the local bleeding as the most important element in the treatment, the morphia injection being, however, of great value by keeping up the calming effect of the chloroform. Three hypodermic injections were given, at intervals of about four hours. He did not think it advisable to give them oftener, on account of the stupor. There was a very large quantity of amniotic fluid; query, was this due to the patient's condition? could the congestion of the kidneys, leading to the anasarca, have also led to increase of amniotic fluid? (The discussion upon this case will be given in the next number of the Journal).

Eugene F. Cordell, M. D.,
Reporting Secretary.

SELECTIONS.

Operation for Laceration of Cervix Uteri—Goodell's Method.—This method is described by the author as follows:

The woman is placed in the left lateral position and the duckbill speculum introduced; the operator first separates the lips of the fissure by two tenacula, so as to find out the position of the cervical canal. He then draws them together in order to determine the site and the size of the future *os externum*, due allowance being made for after-shrinkage, which, on account of the mushroom-form of the cervix, will be greatest at this point. Having thus mapped out the amount of tissue needing denudation, he steadies the cervix by one tenaculum or a double one, which he hands over to an assistant; and, I will here say, that three assistants will be needed. Next, he places the lateral edges of what is to be the *os externum*, and passes on each side of it through both lips of the cervix a long iron wire suture. Traction on these two strong wires by an assistant will drag the cervix down within manipulation reach. The operator then proceeds to denude the edges of the fissure and to dissect away all cicatricial tissue. If the fissure be double he begins on that side of the cervix which is the lower as the woman lies, so as not to be annoyed by the blood trickling down from the upper one. To avoid hemorrhage from that erectile, and, therefore, vascular body, the cutting should ordinarily be done by scissors, and, for convenience, by scissors having two or three curves. But the knife is by all odds the better instrument, and it can always be unhesitatingly used whenever the cervix can be dragged down to the vulva—that is, within easy manipulation reach, in case of profuse hemorrhage. I have repeatedly carried the dissection completely around the cleft in one single strip; but this cannot always be done, especially when the fork of the rent dips down to or below the vaginal roof. A delicate knife curved on the flat then comes handy. In freshening so deeply situated an angle, the circular branch of the uterine artery is in danger of being wounded. I have found that traction on the ends of a wire suture will stay the hemorrhage, at least enough to permit further careful denudation, while subsequent co-aptation of the raw edges by stitches will effectually stop it. If the flaps are too dense and too much curled over to be brought into close contact, their redundant convex surfaces must be shaved off. The introduction of the sutures is by all odds the hardest part of the operation. The best needle is the short, round, lance-pointed one devised by Dr. Sims. Armed with a loop of silk, it is passed by means of a strong needle holder. This loop is made by waxing the ends of a fine silk ligature, and passing them together through the eye of the needle. They are then separated and tied in a half-knot around the loop, just beyond the needle. Each suture preferably now of silver, is passed by bending the end sharply, and hooking it over the silk loop, and each one is secured either by twisting or by a perforated shot. If the sutures are put in properly, hemorrhage cannot take place from the denuded surface, but it sometimes comes from a suture track, in which a vessel has been wounded by a needle. However arising, it may be staunched as Emmet advises, by vaginal injections of hot water, as hot as can be borne, or by a saturated solution of alum, which, in my opinion, is one of the best hemostatics, besides not interfering with union of the first intention. I have, however, never met with a bleeding, sufficient to need any kind of treatment.

The pain after the operation is trifling. The patient should be kept on her back for two days, the water being drawn by a catheter; and she is to be kept bedfast for two weeks. The vagina washed after the third daily with a weak carbolized solution; on the seventh day a cathartic should be given, and the stitches can be removed by the eighth or ninth day. When performed with care, Dr. Goodell regards this as, perhaps, the most successful operation in uterine surgery, and its results upon the restoration of impaired health is most marked and satisfactory.—*Obstetric Gazette.*

OPIUM AND ITS EFFECTS.—Official reports state that the consumption of opium in Burmah has of late years increased largely, especially in the Arakan division. The evils arising from this vice manifest themselves in a very marked fashion in the prisons, to which the devotees of the drug are brought in great numbers. When rice becomes scarce and dear, as it did in 1877, the opium-eater is unable to procure his usual quantity of opium, and, as a consequence, he falls into a bad state of health. The prisoners committed to the Akyab Jail in 1877, are stated to have been, without exception, opium-eaters to excess, who, when deprived of the drug, are quite unfit for work, and, as a means of living, resort to theft. When they become inmates of a jail, they are strongly predisposed to be attacked by such diseases as diarrhœa, dysentery, and anæmia. Of these three diseases, thirty-three prisoners died in Akyab Jail during 1877, in addition to forty-five from cholera; and this whilst the sanitary state of the jail was excellent, and only three prisoners died from other diseases. Writing on this subject, the civil surgeon of Arakan says that the use of opium, both in smoking and eating, has been the cause of a great deal of sickness and mortality in the jail, most of the cases dying from intractable forms of bowel complaints. "Even though the patients were regularly supplied with large quantities of opium, many were suffering severely from it before their arrival. A few days' deprivation is often sufficient to make them enter the downward path, and it is too often the case that when once they have entered that path no amount will re-establish their health. Very frequently, in bringing these men from the district, they occupy several days' on their journey, during which they get no opium, and the evil effects soon become apparent. Another evil is that, when put to jail on hard labor, they soon break down. No doubt many would recover provided you revoke confinement and hard labor, and supply them with a reasonable quantity of opium; otherwise, in my experience, the result is that they break down, fall into a wretched state of debility, and finally succumb to dysentery or diarrhœa. It seems to me that during the year opium-eating has been a fertile source of crime."—*Brit. Med. Jour.*; *Hosp. Gazette.*

CIRCULAR CONCERNING THE PHYSICAL EXAMINATION OF SEAMEN OF THE MERCANTILE MARINE.—To Medical Officers of the Marine-Hospital Service, and other whom it may concern :—

1. To insure such owners of American vessels as desire the services of sound and healthy seamen, facilities for the proper physical examination of crews, at all ports where medical officers of the Marine-Hospital Service are stationed, such officers will, upon the application of any U. S. Shipping Commissioner, or of the master or owner of any vessel engaged in the foreign trade, or passenger-steamer engaged in the coasting trade, examine

physically any seaman or seamen, and give a certificate as to their fitness or otherwise. 2. A record will be kept of all examinations of seamen, and a transcript thereof forwarded quarterly to the Surgeon-General of the Marine-Hospital Service. 3. In all cases of rejection, the certificate will state explicitly, in English, the reason for such rejection. 4. The loss of an arm or leg; defective vision; color blindness; epilepsy; mental unsoundness; hernia; piles; fistulæ; varicose veins; serious organic disease; habitual drunkenness; the existence of venereal disease; marked want of development; weakness of the body, or deformity should cause the rejection of any seaman desiring to ship. 5. No seaman will be examined for the purpose of giving such certificate except in the presence of a United States Shipping Commissioner, or the master, owner, or agent of the vessel on which the seaman is expected to be employed, and examinations will only be made at the Marine-Hospital office. 6. The rejection of a seaman at one examination shall not debar him from subsequent examination in case he claims that the disease for which he was rejected has disappeared. 7. The provisions of this circular will also apply to enlisted persons in the Revenue-Marine, Life-Saving, Coast-Survey, and Light-House Services, and to persons desiring to enlist therein, upon the application of the proper officers of the respective services. 8. No fee will be charged by any medical officer for making the examination or certificate herein contemplated.—J. B. Hamilton, Surgeon-General U. S. Marine-Hospital Service. Approved: John Sherman, Secretary of the Treasury.

Sir Henry Thompson reports thirteen cases, all successful, in which the method of removing calculus from the bladder at a single sitting, as first advocated by Dr. Bigelow of Boston, was employed. He considers the result encouraging. When the great bulk of the calculus has been removed in from fifteen to twenty-five minutes, and it is quite obvious that a small piece or two only remain, he thinks it wise to leave these small fragments which seem unwilling to be caught, a day or two, after which time they may be removed without difficulty.

Extirpation of the Larynx and of the Pharynx.—At the recent Congress of German Surgeons in Berlin, Professor Langenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although all his cases were unsuccessful. The following are the steps of the operation: First of all tracheotomy must be performed, and the canula of Trendelenberg introduced; then an incision is carried from the body of the lower jaw, midway between the symphysis and the angle, toward the greater cornu of the hyoid bone, and thence along the anterior border of the sterno-mastoid as far as the upper extremity of the tracheotomy incision. Next the submaxillary gland must be removed, the lingual artery tied, the stylo-hyoid and the digastric muscles detached from the hyoid bone; the pharynx is then laid bare and can be dissected out, the larynx meanwhile being drawn to the opposite side. The principal dangers to be apprehended are peri-œsphageal phlegmon extending into the mediastinum, and pneumonia from the introduction of foreign bodies into the air-passages.

At the same congress, Professor Billroth stated that six weeks previously he had removed from a woman, aged forty-two years, *the pharynx, the cervical portion of the œsophagus, the larynx, a part of the trachea, and all the thyroid gland*, for a cancer of the pharynx involving the posterior portion of the larynx. He first performed a preventive tracheotomy, and nine days later proceeded to operate, after introducing the canula tampon of Trendelenburg. The incision was made along the anterior border of the sterno-mastoid. In the course of the operation Professor Billroth found that the tumor extended much further than had been supposed, and as he advanced, step by step, he found himself compelled to remove successively all of the larynx except the epiglottis, the upper rings of the trachea, a large portion of the pharynx, the œsophagus as far as the sternum, and the whole of the thyroid body. An elastic tube was placed in the œsophagus for the introduction of aliment. During the first four weeks the patient did well, the wound gradually contracting, and the elastic tube, was then removed in the hope that the pharynx would unite with the lower portion of the œsophagus and form a permanent canal for the passage of food. After the removal of the tube, however, deglutition was accompanied by suffocative attacks and vomiting, and the canal contracted, rendering the passage of bougies necessary. In the sixth week a false passage was made in the periœsophageal tissue. Pericarditis and death followed.

Kolaczek, of Breslau, removed a cancer of the posterior wall of the pharynx by a supra-hyoidean pharyngotomy, eight weeks before the congress met. The patient was still living at the date of the report, and was nourished through a tube placed in the œsophageal fistula. Koenig, of Göttingen, and Gussenbauer, of Prague, have also removed cancers of the pharynx, and, like Langenbeck, lost their patients from pneumonia due to the introduction of food into the lungs. To avoid this danger, Thiersch has proposed the preliminary establishment of a gastric fistula.—*Le Progress Medical*, Aug. 30, 1879.—*Med. Record.*

THERAPEUTIC USES OF BORACIC ACID.—E. Kurz, of Florence, writes (*Memorabillien*) that he has used an ointment of five parts of boracic acid and ten or fifteen of vaseline, with much success in several cases of eczema of the face and limbs. One case of eczema squamosum, which had lasted five months, was cured in three weeks. In the case of a child whose whole head was affected with impetigo, the application of boracic acid after the removal of the scales produced a remarkably speedy cure. Two cases of prurigo which had for a year resisted all other treatment were cured in one and two months respectively by the application of the boracic acid ointment twice a day. The same treatment was successful in a case of non-syphilitic psoriasis of three years' standing, in which carbolic acid and arsenic had failed. In a case of exfoliative lupus of the nose the use of boracic acid for a month had no effect; salicylic acid produced slight improvement. In two cases of severe gonorrhœa injections of a solution of boracic acid (one in one hundred of water) almost completely arrested the discharge; a scanty secretion of mucus, which continued for a time, was cured by the use of subnitrate of bismuth. —*British Medical Journal.*

Useless Noises.—There are two sources of noise in London which we think might well be summarily dealt with—viz: barrel-organs and church-bells. The former ought assuredly to be permitted only between certain hours, and should not be allowed to grind out their inharmonious tunes at eleven and twelve o'clock at night. Church-bells in the country, when ringing a peal and mellowed by distance, are charming enough; but the incessant banging and clanging of one or two bells in a confined space in town is simply distracting to the neighbors. One likes to think of old days, when the parson and clerk watched the shadow of the sundial until it indicated the hour for church, and then began to toll the bell to call their flock to its religious duties; but in the present day a bell is a noisy anachronism, when every steeple has its clock and every adult member of a congregation has a watch in his pocket, besides several clocks at home. A theater has as much or as little need for a bell in the present day as a church.—*Lond. Lancet.*

Dr. McCall Anderson (*British Medical Journal*), recommends the following formulæ in the treatment of Lupus Erythematodes. ℞. Iodi grs. xxiv; Amylie ʒi. Triturate the iodine with a little water, gradually adding the starch and continuing the trituration till the compound assumes an uniform blue color, so deep as to approach black. The iodine should be dried with a heat so gentle as to run no risk of driving off the iodine, and it ought to be kept in a well-stoppered bottle. The dose is one teaspoonful in water three times a day, but it may be safely increased up to an ounce in some cases.

Prof. Spiegelberg reports the result of thirty five hospital cases of ovariotomy performed according to Lister's antiseptic method in its fullest extent. Of these thirty-five cases, only 5 or 14 per cent. died; whereas, in forty-five operations previously performed by him without the carbolic spray, twenty patients or 45 per cent died.

It is stated in the *Medical Brief*, that the white of an egg will destroy the bitter taste of quinine and render it palatable.

FLINT ON THE SOURCE OF MUSCULAR POWER.—Dr. Flint discusses the question as to whether the muscular power manifested by man and animals is the direct product of the metamorphosis of the elements of food ingested, or is generated by changes in the muscular tissue itself. In the latter case, the muscular substance as such is destroyed, and is discharged from the body in the form of excrementitious matter, whilst the waste is repaired by food. In the case of a steam engine, the latent energy of the fuel is developed into heat by combustion, and the engine itself serves merely as a convenient mechanism for translating the heat into actual working force. In like manner, according to some physiologists, the muscles and active organs of the body are merely a convenient mechanism for translating into force the latent energy of the food which is devolved during the metamorphosis of digestion and assimilation. In opposition to this theory, Dr. Flint analyses some observations made by Dr. Pavy upon Weston and other pedestrians, and shows that the estimated force value of food was sufficient to account for only a small fraction of the muscular work actually performed. By a further analysis of some observations of his own, Dr. Flint concludes that the true origin of muscular power must be sought in the muscles themselves, and that the exercise of these muscles produces a waste which is measured by the nitrogen excreted. Indirectly the nitrogenized food is a source of power by repairing waste and devolving capacity for work; but food is not directly converted into force in the living body, nor is it a source of muscular power, except that it maintains the muscular system in a condition for work.—*London Medical Record.*

VOMITING IN PREGNANCY.—COPEMAN'S METHOD.—Dr. J. T. Baldwin, Professor of Anatomy in Columbus Medical College, reports three cases of the successful application of the above method. It consists in thoroughly dilating the external os and cervical canal with the finger. In one case almost every other measure had been previously tried, and abortion was being seriously considered. Upon dilating the cervix, however, the vomiting ceased at once.—*Ohio Medical Recorder.*

Dr. Goodell in his Lessons in Gynecology closes the volume with a final lesson upon, The Sexual Relations as Causes of Uterine Disorders. Long engagements and the common social amusements of the youth of each sex, are spoken of as follows: "Long engagements, by keeping up a wearing nervous erethism, are not only recognized but even classified by alienists as one of the causes of insanity in woman. Much more frequently the nervous exaltation is spent on the reproductive organs, for this follows an awakening of sense which is not, as in man, appeased by the distraction of business pursuits. Uterine disease from this source any open-eyed physician will over and again see. * * * If the caresses of lovers are prejudicial to good health, every like relation between the sexes must be exposed to like dangers. In too many rural districts, and in the lower classes of citizens, such license is tolerated in the social intercourse between the youth of each sex as must be destructive to good health and to good morals. * * * Young people are left too much to themselves and thrown too much together. These social gatherings are too rarely presided over by their mothers or their seniors. As a very natural consequence their games become coarse, their forfeits immodest, and little by little this freedom from restraint is liable finally to degenerate into such gross familiarities as would be improper between even affianced lovers. An unnatural sexual excitement is kept up, which must do physical harm."

Dr. E. S. Gaillard, announces in October number of the *Richmond and Louisville Medical Journal*, that this Journal and the *American Medical Bi-Weekly*, will be moved to New York city, and hereafter all communications must be addressed to him in that city. This change the editor believes will place the Journal in a position of greater usefulness and interest to the profession generally.

We wish Dr. Gaillard abundant success in his new field of labor. We are gratified to learn that his health has sufficiently improved to allow him to resume his laborious editorial duties.

Treatment of Obstinate Sciatica by Injections of Nitrate of Silver.—M. Damaschino has very frequently employed this method of treatment, which was first recommended by Luton, of Rheims. He injects five drops of a 25 per cent. solution of nitrate of silver into the subcutaneous cellular tissue, usually close to the point of emergence of the affected nerve. Immediate relief from the neuralgic pain is almost invariably obtained. The pain caused by the injection is sometimes very severe, and a small, sharply circumscribed phlegmon forms, which often terminates in suppuration. The pus usually escapes by the orifice left by the needle, but it may be necessary to use the knife. In a case recently treated by M. Damaschino in the hôpital Laennec, only two drops of the nitrate of silver solution were injected. The pain caused by the injection was very acute, but the neuralgia was immediately and permanently cured. A small abscess subsequently formed and had to be freely opened. Several similar cases are reported in the thesis of M. Dureau (Paris, 1877).—*Gazette des Hospitaux*, Aug. 23, 1879; *Med. Record.*

Treatment of Pertussis.—Dr. J. Lewis Smith, in the October number of the *American Journal of the Medical Sciences*, recommends the following formula to be used as a spray, and inhaled in pertussis.

℞	Acid Carbolic,	ʒss.
	Potas. Chlorat,	ʒij.
	Glycerine,	℥ij.
	Aquæ,	℥vi, misce.

The spray to be administered three times daily from two to five minutes at each sitting.

Dr, Smith says, the good effect of the spray seems to be largely due to the carbolic acid, which, when used locally, is known to produce an anæsthetic effect on mucous surfaces, but in one or two instances in which the chlorate was temporarily omitted from the mixture, patients seemed to do better with than without it.

Ergot in Uterine Fibroids.—Herman says that the ergot treatment is free from risk, and that we should give it a full trial before resorting to surgical measures. The softer tumors, those which often give rise to much hemorrhage, are precisely the ones most benefited by ergot. He thinks that the three following propositions are warranted by the facts before the profession: 1. That ergot will often produce the diminution in size, and sometimes even complete absorption of fibroid tumors of the uterus, and will, in the majority of cases, relieve their symptoms. 2. That these effects will often follow its use *per orem*, but more certainly by hypodermic injection near the tumors. 3. That all cases, except where surgical interference is absolutely needed, should have the benefit of the ergot treatment.—*Med. Times and Gazette*, Aug. 23, 1879.

Fees.—The great habit of working for nothing in our profession has its disadvantages and affects injuriously the workers. It sprang from the purest benevolence, and has been of the utmost service to the poorer classes of the community; but it has lead to dead ingratitude, and lowered the profession in the estimation of the commercial classes, who would weigh the produce of a cultivated brain in coal-scales as they would minerals and metals. It has also led honorable members of our profession to forego their just dues and to rob themselves. It has engendered a refined delicacy with regard to the business of the profession, of which mean advantage has frequently been taken in the minor appointments of the profession.—*Prof. Postgate, of Birmingham, in Medical Times and Gazette.*

The Doctors in Memphis.—In 1878 all the homœopaths, four in number, ran away when the plague came. Of the forty-six regulars, ten followed in their wake; of the thirty-six who remained, twenty-eight were attacked with the fever and fourteen died. Eight had already had the disease and were not attacked at all, though on duty day and night. The facts corroborate the belief that one attack gives immunity from a second.—*Medical Record.*

Ipecac as a Hæmostatic.—Pécholier (*Jour. des Sci. Med.*, 1879, p. 513; from *Bull. Gen. de Therap.*) speaks of the singular property possessed by ipecac of chasing, so to speak, the blood from the lungs. That is not due to the vomitive action is probable from the fact that tartar emetic does not seem to act in the same manner. The pulmonary anæmia is due, according to Pécholier, to a special action of the ipecac quite distinct from its nauseating or vomitive properties. The dose given (ʒi) is not, strictly speaking, a vomitive dose, and even when vomiting is produced, a certain amount of the drug enters the general circulation. Pècholier's favorite prescription is as follows:

℞ Ipecacuanhæ contus.. ʒiss;
Aquæ bulliente, f℥iv.

Make an infusion; filter; add syrupi acaciæ f℥i. Give a tablespoonful every hour or two.

The first dose may cause vomiting, but this soon ceases, and, indeed, may be prevented by the addition of a few drops of laudanum. The absorption of the emetic being thus rendered easier, pulmonary anæmia is rapidly and surely produced.—*Philad. Med. Times.*

How to Prevent Mammary Abscess.—It is not well to wait until there are marked evidences of inflammation. A good rule is to ask the patient if the breast feels heavy and drag so much to the side as to impede the movements of her arms, and particularly to prevent her from bringing her arms close to the side of the body. This being the case, take two or three broad strips of plaster (which, if good, will not need heating), direct the nurse to lift the breast gently toward the median line of the body upon the sternum, then apply one strip on the lower half of the breast, the other on the upper half, reaching from one axilla to the other. Other auxiliary strips may be applied according to the size of the breasts and effectiveness of the first two. When the breasts have become "caked," and the patient is so uncomfortable as to be unable to sleep, this procedure will generally be followed by immediate relief from discomfort, and the milk will oftentimes flow from the nipple in streams.—*Med. Herald.*

A Case of Supposed Tubercular Meningitis Cured.—Dr. Foucart (*La France Med.*, 1879, No. 59) saw a little boy, 5½ years of age, who for six weeks previously had shown a remarkable change of character; he had become capricious, headstrong, and ill-tempered; when crossed, he lay on the ground and refused to rise, or he crouched in a corner without speaking. When seen on February 13th the child had become even more sulky; he would not eat or play; he had been constipated for two days. A purgative improved his general condition decidedly, but only for a time; he became constipated again and sleepless. On examination on February 17th, the patient was found lying on his side in bed, pale, with a spiteful expression; the eyes habitually closed; the pupils dilated irregularly and contracting very slightly on the admission of light. He spoke little and hesitatingly; his pulse was 120 to 136, temperature 104° F. The child frequently carried his hands to his head, but did not complain of headache; he moaned occasionally; *tache meningitique;* respiration quiet; lungs sound; constipation, but no vomiting; incontinence of urine. Diagnosis meningitis, probably tubercular. Ordered calomel and jalap, sinapisms to the calves, potassium bromide (gr. xxvi) at night. Later, leeches were applied. The next day the bromide was increased to forty-five grains, with eight grains of potassium iodide. The shaven scalp was painted with tincture of iodine. Within the next following days hydrocephalic cries, grinding of the teeth, etc., were observed. Notwithstanding all these symptoms, amelioration began to take place in a few days, and by the end of two months he appeared to be entirely cured. The bromide was continued for three months.—*Medical Times.*

Jaborandi in Cholera.—At the commencement of the present epidemic of cholera in Japan I determined to give, in its treatment, the still fashionable medicine jaborandi and its alkaloid a fair trial.

Though my observations are far from complete, or in all respects perfectly conclusive, I have seen enough to convince me that we have in this drug a remedy of undoubted value in the treatment of this disease.

Thus, I find that, in the usual complete or partial suppression of urine so common in such cases, the specific effect of the medicine shows itself with almost equal frequency in exciting activity of the kidneys as of the skin and salivary glands, its administration being followed in some cases by a copious secretion of urine, with great relief to all the symptoms. When the fortunate result is not obtained in so marked a manner, the tendency to the development of uræmic symptoms is apparently less common.

When too great prostration does not exist, the copious perspiration which follows its use is attended, after the first two minutes, with a decided improvement in the character of the pulse; the sense of oppression is relieved, and a re-action often ensues which is far more natural than when produced by alcoholic or other stimulants, and with apparently less tendency to secondary fever.

A curious fact is often observed, that even when there is considerable vomiting, a drachm of the fluid extract of jaborandi, at best a nauseous dose, is retained till its specific effect is produced. In one case in which there was almost always constant vomiting, this symptom nearly ceased on my administering ¼ grain of pilocarpin hypodermically. I find, however, that this remedy has little effect in the more desperate cases, attended by perfect collapse. In fact, I am by no means sure that it does not tend to hasten the already rapidly approaching fatal termination,—*Dr. Simmons, in N. Y. Medical and Surgical Journal.*

Can any one account for the tendency there exists among Gynecologists to the parting of the name in the middle? For instance, we have T. Gaillard Thomas, T. Spencer Wells, J. Marion Sims, J. Matthews Duncan, T. Addis Emmett, C. Henri Leonard, A. Reeves Jackson, and so-forth. Can it be that intimacy with the ladies begets vanity?—*Mich. Med. News.*

* * *

MARYLAND MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

H. E. T. MANNING, M. D. }
T. A. ASHBY, M. D. } Editors.

SUBSCRIPTION $3.00 PER ANNUM, IN ADVANCE.

☞Contributions, from practitioners in good standing, invited; and advertisements, from reliable houses, solicited.

Address all communications to
MANNING & ASHBY, Proprietors,
No. 9 SOUTH CHARLES STREET.

BALTIMORE, NOVEMBER 1st, 1879.

EDITORIAL NOTES.

WE PUBLISH in the present number the "Circular Concerning the Physical Examination of Seamen of the Mercantile Marine," issued by Dr. J. B. Hamilton, Surgeon General U. S. Marine-Hospital Service, June 11th, 1879. The object of the circular is to insure to owners and masters of American vessels the services of sound and healthy seamen, and to any one, who has witnessed in our hospitals the condition of the sick sailors, the advantages to be derived from such an examination are self evident. We have seen numerous cases, but recently discharged from their vessels, who have been suffering for years with chronic disorders, and who were shipped as *sound seamen*, although in advanced stages of phthisis and syphilis. The dangers arising not only to the vessel, passengers and cargo, but also to the seamen themselves by being entirely dependent on a crew, many of whom when put to a test during the prevalence of stormy weather, etc., are found to be physically incapable of performing the duty assigned them, are too apparent to require illustration.

The Marine-Hospital Service finds that this valuable offer is not receiving the encouragement from Ship owners and masters that was expected, and the fact of the matter seems to be simply this. Sailors, though living in a land of freedom, are in reality in the bonds of almost absolute slavery to shipping masters and ship owners. They must pay half of their month's wages for a chance to ship, and when discharged at any Port, they are seized upon by the Sailors' Boarding House Masters, who compel them to come to their houses and pay one dollar per day for bad food and filthy lodgings as long as their money lasts, and when that is expended, they are either turned adrift or shipped again and their advanced wages deducted to pay commission—"Blood Money." A sailor really has no choice in regard to an examination, and the man, who ships him, does not care whether he is sick or well, so long as he gets his commission, and ships owners, who accept this state of affairs and who do not seek to abolish it by insisting on having a crew, who can bring certificates of fitness for sea service, are to be severely censured if not punished.

The physical examination of seamen prior to their shipping will give to owners of vessels and cargoes, to passengers, and to insurance companies a sense of security never before experienced. We understand, that the American Steamship Company were the first to avail themselves of the privilege offered by the Government, and their two hundred and fifty employees were examined by the Surgeon in Charge of the Marine-Hospital Service in Philadelphia. Although there is no American line of steamers sailing from the Port of Baltimore, there are several lines of sailing vessels, which carry valuable cargoes, and certainly they require a crew every one of whom can act, whenever emergencies arise. There is no extra charge for the examination, and the only step necessary to procure one, is for the master, owner, or agent of a vessel to apply to the Surgeon in Charge of the Marine-Hospital Service, who is authorized to make the examination and to give a certificate, guaranteed under the seal of the United States of fitness or of disability.

DR. BULKLEY will give a third course of lectures on Diseases of the Skin in the Pathological Amphitheatre of the New York hospital, 7 West 15th Street, Wednesday afternoons from 2:30 to 3:30 o'clock, commencing Wednesday, October 8th, 1879. The lectures will be didactic and clinical in character, going over the entire subject of Diseases of the Skin, (including syphilis) and will be freely illustrated by colored plates, photographs, life-sized models, the blackboard, and abundant clinical material. The pathology, differential diagnosis, and treatment of Diseases of the Skin will be especially considered.

The course will consist of twenty-four lectures and will be *free* to practitioners of medicine and medical students.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—A special Session of the Medical and Chirurgical Faculty convened in this city October 14th, the President, Prof. S. C. Chew presiding.

The object of the meeting was to receive a report from the Committee on Ethics. The following were elected members of the Faculty: Drs. A. F. Dulin, R. H. Thomas, Clinton Maynard, P. S. Field, J. G. Wiltshire and W. E. Wiegand, of Baltimore City, and Dr. Richard Emory, of Harford County.

The Faculty considered the several amendments to the Constitution and By-Laws offered at the last meeting.

An amendment requiring a deposit of $10 by candidates for membership was adopted, as also the following: "All volunteer papers shall be sent to the Executive Committee through the Assistant Secretary, on or before the first day of the Session of the Faculty. The Executive Committee shall then determine whether such papers may be read before the Faculty, and it shall also assign the order in which they shall be read."

An amendment to create a new section on Ophthalmology and Otology was adopted.

Under the head of "New Business" the following notices of amendments were offered—Art. 8, Sec. 1, append the following: "Any member who shall be convicted by the Committee on Ethics shall have the privilege of appeal to the Faculty."

By-Laws, Section 4, strike out all of the section after the word "it" in the second line.

Constitution, Art. 6, Sec. 4, Committee on Ethics, strike out decide upon, and insert examine into.

The Chairman of Committee on Memoirs called attention to the fact that since the last regular meeting, three of the oldest members had died. A memorial paper was read and resolutions adopted.

LOCAL MEDICAL SOCIETIES,—The different medical societies in this city have resumed their usual winter sessions with indications of renewed energy and purpose. We publish in this number a report of the first meeting of the Academy of Medicine. Reports of the other societies will follow in subsequent numbers. We will cheerfully publish reports from every medical society in this City and State, and accordingly urge each society desiring to have its meetings published to appoint a reporting secretary with instructions to prepare the reports of meetings and to forward them to this JOURNAL for publication.

It is impossible for the editors of this JOURNAL to prepare these reports, but when prepared for the JOURNAL they will find a place in its columns.

It is believed that the publication of a societies proceedings is beneficial to the society and to its members, and will arouse an interest which works great good. In the first place it will induce members to prepare for the debates and make them more careful in their statements In the second place the fact that a paper when prepared and read before a society will find its way into type will induce many members to write papers, and moreover to write them carefully.

BELLEVUE HOSPITAL MEDICAL COLLEGE AND DETROIT MEDICAL COLLEGE have each issued circulars announcing changes in their methods of teaching and their requirements for graduation. Each school will in future require all matriculants, who expect to become candidates for graduation, to pass a preliminary examination and to present satisfactory evidence of a preliminary education, and likewise an attendance upon three regular courses of lectures given in three distinct years. Other announcements are made looking to the adoption of a higher standard of medical education and greater perfection in the system of teaching.

DR. FRANK H. HAMILTON, SURGICAL CLINICS, BELLEVUE HOSPITAL.—Dr. Frank H. Hamilton's Surgical Clinics, will commence at Bellevue Hospital, on Wednesday, November 5th, at 2:30 P. M., and continue eight weeks, same day and hour each week. They are open to medical men, and to the students of all the colleges. The first clinic will be devoted to a study of one hundred and twenty or more cases of fracture of the patella. A large number of examples will be brought before the class, by way of illustrating the proper mode of treatment, and the usual results.

OFFICERS OF THE CLINICAL SOCIETY.—The following have been elected officers of the Clinical Society for the ensuing year: President, Dr. Christopher Johnston; Vice-President, Dr. Oscar J. Coskery; Recording Secretary, Dr. Wm. F. Lockwood; Corresponding Secretary and Treasurer, Dr. T. A. Ashby; Executive Committee, Drs. I. E. Atkinson, L. McLane Tiffany and B. B. Browne.

BOOKS AND PAMPHLETS.

Transactions of the Medical Association of Georgia, Thirtieth Annual Session, 1879. Jas. P. Harrison & Co., Publishers, Atlanta.

This volume of Transactions is a well gotten-up book. The Presidents address delivered by Dr. Jno. Thad. Johnson, of Atlanta, deals in sound and practical advice to the profession, and discusses subjects of needed reform in the business relations between the physician and patient. Dr. Johnson points out the laxity and indifference which exist in regard to medical fees and the degrading effect which this laxity exerts upon the profession. He says we must each endeavor to infuse a business-like method into the money department of our own practice. We must feel, and make our patrons feel, that no obligation stands pre-eminent to this. We must have a definite value affixed to our services that cannot be so readily disregarded. We must learn not to blush to make systematic and frequent reminders of our modest demands; and to be prepared to furnish them such backbone as the law may supply.

The annual oration delivered by Dr. E. H. Richardson presents a variety of topics. It reads well and contains some very entertaining matter.

Dr. J. C. LeHardy contributes a lengthy paper on quarantine. Its sanitary and political aspect in relation to the spread of epidemic diseases.

Dr. DeHardy takes the ground in this paper that quarantine ever has been, and ever must be in effective to prevent the outbreaks of epidemic diseases—that the causes which lead to the production of epidemics lie at our own doors, and that the means for their prevention are in our own hands. He urges the members of the association to use the whole moral power, which they can exert in the community, to have the Legislature enact such sanitary regulations as will leave no excuse for interference, by the Federal authority, with domestic affairs.

Dr. J. G. Westmoreland, of Atlanta, and Dr. Henry F. Campbell, each contribute a paper on Yellow Fever, the former discussing its origin and relation to other malarial fevers, the latter the "Germ" on coast and inland—ship and railroad quarantine.

Dr. A. W. Calhoun, of Atlanta contributes a paper on tobacco-poisoning and its effects on the eye sight. A number of other short papers are contributed by different members, as follows: Dr. Wm F. Hall, on Phytolacca Decandra as a remedial agent in mastitis. Dr. A. R. Taylor, on Traumatic Tetanus. Dr. H. V. Johnson, on Pelvic Peritonitis resulting from the use of Hodge's closed lever pessary. Dr. W. O'Daniel, on Malarial Haematuria Dr. A. A. Smith, on a case of Placenta Prævia. Dr. F. A. Calhoun, on Resection of the Shaft of the Tibia.

Reports of the St. Louis Medical Society on Yellow Fever,—Consisting of the Report of the Committee Appointed to Inquire into the Relations of the Epidemic of 1878, to the City of St. Louis, and a Report on the Meteorological Conditions and Etiology of Yellow Fever, and of Certain other Diseases Associated with a High Temperature, and on the Treatment of Yellow Fever. By W. HUTSON FORD, A. M., M. D ; G. O. Rumbold & Co., St. Louis, Publishers, 1879.

This is a neatly bound book of 320 pages, devoted to the subject of Yellow Fever, with special reference to the epidemic of 1878, and its influence upon St. Louis. The first five chapters are devoted to a report of a committee appointed by the St. Louis Medical Society, to make inquiry into the epidemic of 1878. This report has been prepared with much care and labor, and is a valuable contribution to the subject. The conclusions reached by the committee are in brief. 1st. Yellow fever may be acquired in St. Louis by contact with the disease or by communication with apparel, vessels or their cargo. 2nd. Yellow fever or an equally fatal disease may be generated *in loco* by bad sanitary conditions. 3rd. The population of St. Louis does not acquire the capacity of receiving yellow fever until September or October. 4th. For the prevention of yellow fever the most rigid quarantine possible should be established.

A Report on the Etiology of Sun-Stroke, by DR. FORD, is an exhaustive study of this subject and well worthy of a place in this book. The volume as a whole reflects credit upon the Society for its material aid in sustaining the publication and upon those who have so carefully performed the work of arranging and compiling the subject matter. To those interested in the study of yellow fever it contains much that is useful.

A Text Book of Physiology. By J. FULTON, M. D.; M. R. C. S. Eng., Etc., Professor of Physiology and Sanitary Science, in Trinity Medical College, Toronto, Canada, Etc. Published by Lindsay & Blakiston, Philadelphia. Willing & Williamson, Toronto, 1879. Second Edition, Revised and Enlarged.

The science of Physiology has probably been more advanced during recent years than any other department of medical knowledge. New facts are almost daily developed, new theories advanced, until physicians of few years graduation, who have not kept pace with this branch of study, know comparatively little in regard to it. The constant additions to Physiological Science, and the fact that its study is not directly called for in the routine practice of medicine have led to an almost total abandonment of the study by the vast majority of the profession. Unfortunately too much laxity in the respect exist and there is too great a tendency upon the part of practicing physicians to turn over these studies to specialists whose duty it is to teach and not practice. Unquestionably it is just as essential that the practitioner of medicine should be familiar with new developements in physiology as with new articles of the materia medica. Yet is this fact so considered by the profession at large? We fear not.

New works upon physiology are always to be found in our book stores. The physician can readily supply his library shelves with any number of volumes devoted to physiological study. The volume before us is one we can recommend among others.

It has been written by a practical physiologist, one whose duty it has been to study and teach. This volume is fully up to the times and though designed especially for medical students, who are supposed to be beginners, it will be found useful to those older and experienced in the practice of medicine. Let the reader, if he answers to the charge of having devoted more time to the study of materia medica than to physiology, go and purchase a copy of this volume and review his physiology.

The National Dispensatory. By STILLÉ & MAISCH, Second Edition. Henry C. Lea, Philadelphia, 1879.

The first edition of the National Dispensatory was given to the professsion less than twelve months ago. Its success was most flattering, and shows the appreciation with which it is regarded. In less than nine months the entire edition was exhausted rendering necessary a second edition which has been thoroughly revised with numerous additions by its authors. In this revision the authors have introduced alterations wherever there has seemed to be occasion for improvement or greater completeness.

All new investigations which came to the authors' notice up to the time of publication have received due consideration. The series of illustrations have undergone a corresponding thorough revision, a number being added thereby improving the work. The new matter embraced in the text is equal to nearly one hundred pages of the first edition. This second edition numbers 1,555 pages of closely printed matter, and as it now stands is perhaps the most valuable work of its character in any language.

Diseases of Women. By LAWSON TAIT, F. R. C. S., Second Edition, p. p. 186, Wm. E. Wood & Co., New York.

This work has been prepared for "Wood's Library," and is one of that series of cheap and useful books, from month to month, offered to the profession by that firm. The author of this book is well known as a distinguished Obstetrician and Gynecologist, and as the author of the Hasting's Essay, for 1873, "On the Pathology and Treatment of Diseases of the Ovaries."

This volume on Diseases of Women is of a very practical nature, and is written without any attempt at display or originality. It treats of the more important diseases of women from the standpoint of an experienced observer and careful thinker. Considering the size of the book it contains very much information of a character that will benefit the reader. It is a very common sense-book which at this day ought to commend it to the profession.

The Summer and Its Diseases. By JAS C. WILSON, M. D. Philadelphia, pp. 160, Lindsay & Blakiston, Philadelphia.

This is the third of the series of popular works offered by Messrs. Lindsay & Blakiston, and edited by Dr. W. W. Keen. The subject matter of this book will no doubt attract attention. The author devotes Chapter I, to Summer and its Influence upon Diseases. Chapter II, Treats of Sunstroke and Heat Fever. Chapter III, Treats of Summer Diorrhœa and Dysentery. Chapters IV and V, are Devoted to Cholera Infantum, and Summer and Autumnal Fevers.

Chapters VI and VII, Treat of Summer Colds and Hay Asthma, and of The Skin in Summer, and Its Maladies. The book is written in a popular style, and contains much information of a valuable character. It is a volume designed for the general rather than professional reader.

Diseases of the Intestines and Peritoneum. By JOHN SAYER BRISTOWE and Others. Published by Wm. Wood & Co., New York, 1879.

This book consists of a series of essays on Diseases of the Intestines and Peritoneum, contributed by a number of distinguished writers in England. The volume is the sixth of the series of Wood's library of standard authors. These essays are well written and treat of subjects of interest to the professional reader. Upon the whole it will be found a useful and readable book, and well worth a place in one's library, side by side with the earlier numbers of this series.

Posological Table Including all of the Officinal and the most Frequently Unemployed Preparations. By CHARLES RICE. Wm. Wood & Co., New York, 1879.

This book is designed as a convenient guide for physicians and apothecaries in estimating the average adult doses of the ordinary remedies, and with a view to establish limits beyond which the dose of *powerful remedies* should not be carried.

It is a book which has been prepared with much labor and care, and is admirably adapted to the purposes for which it was designed.

* * *

OBITUARY RECORD.

DR. F. J. LE MOYNE died at Washington, Pa., in his 82d year, last week, and in compliance with his request and directions in his will, his body was consumed in the crematory furnace he erected several years ago. He was the first to introduce this method of disposing of corpses in the United States, and his own was the third cremated in this country. Dr. Le Moyne was of French birth, and of strong sympathies with advanced thought. Previous to the war he was a warm abolitionist and an earnest member of the Presbyterian church, but when many members of that faith declared that the Bible sanctioned slavery, Dr. Le Moyne said if that was the case their religion was false, and withdrew from the church. Later in life he became greatly interested in the doctrines of the Theosophists. His fortune is estimated at about $300,000, and he provides in his will that all bequests are void unless the heirs assent to the cremation of his body. This was punctually carried out on October 16th, the time required to incinerate the remains being six hours.—*Med. and Surg. Reporter.*

MR. G. W. CALLENDER, F. R. S., Surgeon to the St. Bartholomew's Hospital, Examining Surgeon to the Royal College of Surgeons, etc., died at sea, in the "Gallia," October 27th. Mr. Callender arrived in this country September 3d, and after a visit to Canada and the White Mountains, came to this city, to pass some time with Dr. Levis and other friends. Here he was attacked with an acute exacerbation of parenchymatous nephritis. There was marked œdema of the extremities, and copious albuminous deposits, with granular and hyaline casts in the urine. He received every attention from his professional friends, but was exceedingly desirous to return home, to which they gave a reluctant consent. He sailed October 22d, with the result above stated. As a distinguished surgeon, an agreeable companion, and a gentleman of the highest character, he will be widely and long regretted.—*Med. and Surg. Reporter.*

DR. JAMES GRAHAM.—James Graham, M. D., Emeritus Professor of the Practice of Medicine, in the Medical College of Ohio, died in Cincinnati, October 6th, of uræmia.

Dr. Graham was born at New Lisbon, Ohio, in 1818, therefore was sixty-one years of age at the time of his death. He began his professional career in the city of Cincinnati, a stranger in a strange land; his being a graduate of the University of Pennsylvania, was his only letter of introduction. His devotion, his honesty of purpose, his self-reliance and his individuality, surmounted by a pure eloquence soon made him known and respected in his adopted home.—*Lancet and Clinic.*

MISCELLANEY.

CHLORATE OF POTASH FROM THE DEAD SEA.—Chemical analysis having long shown that the waters of the Dead Sea in Palestine are rich in chlorate of potash, a company has been formed, and already commenced operations, to extract this salt from its waters. It is stated that in this way chlorate of potash can be obtained thirty per cent. cheaper than by the cheapest process thus far known, and as there is an increasing demand for this salt it is a safe and profitable investment. In order to save fuel, which is scarce in those regions, the works are kept in the most active operation during the dry season, when the water is low and the River Jordan does not dilute them much, the water level varying considerably, and consequently the concentration. This body of water, of course, contains the soluble ingredients from the heights surrounding the whole water shed, of which rains have made a lye, and solar evaporation has concentrated in that sea.

INTERNATIONAL CONGRESS OF HYGIENE.—The third International Congress of Hygiene will take place at Turin, in April 1880, under the patronage of the Italian Government. As at Brussels, in 1876, the Congress will avoid political and religious discussions. At the Paris Congress last year there were eighteen nationalities represented, the Russian, German, and other governments appointing special delegates. It is anticipated that the forthcoming Congress will be equally well attended. Medical men will of course, form the majority of the Congress, but chemists and veterinary surgeons are to have a place reserved for them. Architects and engineers are also invited, as with them to a large extent rests the application of the principles which men of science have discovered.—*Med. and Surgical Reporter.*

CITRON-JUICE IN CHRONIC ENLARGEMENT OF THE TONSILS.—M. de Saint-Germain paints chronically enlarged tonsils twice daily with citron-juice with good effect, curing his cases generally within a fortnight.—*Jour. des Sci. Med. Louvain.*

REMARKABLE MENSTRUATION.—Dr. Rodsewitch relates the following curious history:—The widow of a peasant in the Province of Nijvi-Novgorod menstruated for the first time at age of 36. She was married in her 15th year, without ever having menstruated. From that time, and throughout all the years of her married life, she was continually either pregnant or nursing, and never saw her monthly periods. Her husband died when she was 36 years old, and her courses soon after appeared, and continued with great regularity. She had twins at the second, fourth, and eighth confinement; so that she bore 16 children in all.—*Canada Med. and Surgical Jour.*

A MILK TEST.—A German paper gives a test for watered milk, which is simplicity itself. A well-polished knitting needle is dipped into a deep vessel of milk, and immediately withdrawn in an upright position. If the sample is pure, some of the fluid will hang to the needle; but if water has been added to the milk, even in small proportions, the fluid will not adhere to the needle.—*Cin. Med. News,*

RUSSIAN GARGLE.—Carbolic acid and tannic acid, each fifteen parts; alcohol, sixty parts; distilled water, one hundred and twenty parts. A teaspoonful of this is added to half a pint of water in order to form the gargle. This solution is largely employed in Russia at the commencement of angina and in chronic inflammations of the throat.—*L'Union Med.; Med. Times and Gazette.*

SALICYLIC ACID AS AN ANTI-SCORBUTIC.—Dr. L. G. Lincecum, of Texas, would call the attention of the profession to the use of salicylic acid as an anti-scorbutic. I have used it in seven cases with perfect success. Given internally one gramme, daily, in solution; with carbolated water as an external application. I hope the profession will give it a trial in all scorbutic troubles.

MARYLAND
MEDICAL JOURNAL.

VOL. VI. BALTIMORE, DECEMBER, 1879. NO. 2.

ORIGINAL PAPERS.

ON THE USE OF JABORANDI AND PILOCARPIN IN ECLAMPSIA.

BY B. B. BROWNE, M. D., BALTIMORE, MD.

(*A Paper Read before the Baltimore Academy of Medicine, Nov. 4th*, 1879.)

At our last meeting we had a very interesting discussion upon the subject of Puerperal Eclampsia; although I have seen very decided benefit from nearly all the remedies spoken of; yet I think that Jaborandi and Pilocarpin which have lately been giving such favorable results in these cases should have met with some notice, especially as they are now taking the first place among our remedial agents in this very dangerous and much dreaded complication of labor.

As my experience in the use of these remedies in puerperal eclampsia is confined to one case, I will also report five other cases of non-puerperal eclampsia in which they were used:

CASE I. Mrs. C., aged about 30, in the seventh month of her second pregnancy was attacked with puerperal convulsions on the morning of March 6th, 1878; her physician Dr. G. F. Adams gave her large doses of chloral and bromide of patash, but the convulsions continued to occur. He then kept her under the influence of chloroform until about 7 o'clock in the evening, as soon as the chloroform was withheld a convulsion would occur. Thinking that labor would have to be brought on he sent me a note to that effect and requested me to deliver her.

We found the cervix slightly dilated (sufficient to allow the passage of the index finger). Her husband consented so unwillingly to forced delivery that we concluded to give her ʒss. of fl. ext. jaborandi every half hour, and to wait two hours for the result, continuing the chloroform also, if necessary. After the second dose of the jaborandi profuse sweating and salivation took place, and the convulsions ceased—small doses of the medicine were continued during the next two days. She now went on without further trouble until the 28th of March or nearly to the 8th month, when the convulsions again occurred even more violent than before The jaborandi was again resorted to, but this time although it produced its physiological effects; yet such intense depression with nausea and vomiting occurred that her condition became alarming, the convulsions ceased for a time only, and we had no other alternative but to deliver her at once. The cervix was dilated about the same as at the seventh month. I dilated it sufficiently with my fingers to allow the blade of the forceps to pass, and then ruptured the membranes and applied the forceps at the superior strait, they were locked with difficulty, and slipped off when traction was made. I removed them and flexed the head, and then re-applied them. They now locked without difficulty and the child was soon delivered, and although somewhat asphyxiated it soon recovered and lived. The urine was albuminous during both attacks of eclampsia. It will be noticed that the administration of the jaborandi in this case had no oxytocic or ecbolic action, and in this respect it differs from the recent experiments reported by Saenger (Leipsic), "upon the influence of pilocarpin upon uterine fibre."

Case 2. Annie F. (colored) aged about 37, married, but sterile, on January 15th, 1879, was seized with convulsions due to the pressure from a large fibroid tumor of the uterus, 1-5 gr. of pilocarpin was administered hypodermically and the convulsions ceased in about five minutes—she took afterwards an infusion of jaborandi leaves ʒii. to Oi a wine-glassful three times daily for two days and had no return. This patient had convulsions about three years ago from the same cause, when I treated her with chloral, bromide potash, hypodermic injections of morphia and inhalation of chloroform, and then they continued nearly two weeks.

This patient is also interesting on account of being the subject of a recurrent fibroid tumor of the uterus.

In the report of the Section on Gynecology in the Transactions of the Medical and Chirurgical Faculty of Maryland for 1875, Dr. Howard says "In October 1872, I saw in consultation with Dr. W. H. Curry, a colored woman, apparently about 35 years of age, whose uterus was enlarged by an intra-mural myo-fibroid to the size of a fœtal head, chiefly developed in its anterior wall. It had so interfered with the functions of the bladder and rectum, that she had been compelled to relinquish her place as a servant, and was most of the time confined to her bed. Under the hypodermic use of 30grs. of ergot, in the form of fluid extract, given two or three times a week by Dr. Curry, the tumor diminished so much in size in about two months, and the distressing symptoms abated so greatly that she returned to her place."

For nearly a year after this she said she thought the tumor was entirely gone, but then it returned and became as large as before. In April, 1875, she came under my care, and then her abdomen was as large as a woman seven or eight months advanced in pregnancy. Under treatment the tumor broke down, and was passed in small pieces—and she was perfectly well for more than a year. The case was reported by me in the *American Journal of Obstetrics*, January, 1877.

At this time the tumor fills the whole pelvic cavity and extends on the right side nearly to the crest of the ilium. The whole uterus and its appendages have degenerated into a large irregular fibroid mass.

Case 3. G. A., boy aged 3 years, was seized with convulsions on January 28th, 1879, without any assignable cause, he had been put in a hot mustard bath, and had an enema and an emetic before I saw him, chloroform only checked the convulsions while he was under the influence of it. I gave him 1-20gr. of pilocarpin, and repeated it in fifteen minutes, after which the convulsions entirely ceased.

Case 4. Mrs. Mary G., married, had one child about five years ago—was in labor three days, and was finely delivered with forceps; has never had her courses since, but suffers with intense headache and backache every month, and has had convulsions every summer since, lasting from six to ten days.

On June 26th, 1879, I saw her about an hour after the convulsions commenced, and gave 1-5gr. pilocarpin hypodermically, and repeated it in twenty minutes—she had one convulsion in the night, in the morning I gave her the infusion of jaborandi ʒii. to Oi, ℥i. every three hours, she had no more trouble.

In this case the uterus is retroverted, and is separated from the vagina by a mass of cicatricial tissue there is a small fistulous opening in the upper part of the vagina through which a fine probe can pass into the peritoneal cavity some five or six inches, and the point can be felt through the abdominal walls above the umbilicus. The vagina is about 2½ inches in length, and there is no appearance of any opening leading towards the uterus. She was operated on at one of the hospitals for the establishment of the cervical canal, but the result was not successful, and she is unwilling to submit to another operation.

Her injury was no doubt caused by sloughing of the cervix in consequence of continued pressure during her prolonged labor.

CASE 5. August 19, 1879, Mr. B. H., clerk, age about 35, fell in a fit while at his desk and was taken home, his physician saw him, and gave him bromide of potash and had a blister put on the back of his neck. The convulsions became so alarming that his employer not being able to find his physician requested me to see him—not being able to quiet him in any other way I gave him two hypodermic injections of pilocarpin 1-5 grain each, he soon began to sweat profusely and the convulsions ceased, and as I learned afterwards he had no more. Although he is aphasic and has been unable to attend to his business since.

Case 6. August 19th, 1879, Mr. G., had intermittent fever, quotidian ague, saw him the first day after the chill was over, gave him quinine, the next day the chill came on at the same hour, I saw him about fifteen minutes after it commenced, and as I had read a few days previously an article by Dr. Caspar Griswold, house physician to Bellevue Hospital, in the New York *Medical Record*, August 16th, 1879, in regard to the treatment of intermittent fever with pilocarpin, I immediately gave him a hypodermic injection of 1-5 of a grain. The chill ceased in a few minutes, and he had no return, although he took no more quinine.

We have reason to believe that a chill is a modified convulsive seizure, and we know that many of the diseases of adults that are ushered in with a chill are in children preceded by convulsions, and no chill or cold stage takes place.

The physiological action of Jaborandi and Pilocarpin according to the researches and experiments of the best observers, such as Curschmann (Berlin), Mueller (Berne), Saenger (Leipsic), Schauta (of Vienna), Ringer, Gubler, Bartholow and others may be stated to be; in from five to ten minutes after the medicine is swallowed it produces a diffused glow over the whole body commencing with the face ears and neck, this is immediately followed by a profuse perspiration and by a copious salivation the temperature falls from 1° to 2° F., some drowsiness is apt to occur, which seems to be owing to exhaustion rather than to any narcotic property of the drug. Vomiting frequently occurs, but is due in part to the irritation of the medicine when given by the stomach, but in part also to the large amount of the saliva swallowed. The usual promoters of diaphoresis are quite unnecessary when this medicine has been given. By Stillè and Maish it is stated "to be the only direct and essential diaphoretic of the materia medica." During the sweating and salivation the quantity of urine excreted is diminished, and nearly all observers agree that it contains less than the normal proportion of urea.

Sphygmographic observations denote a dilatation and diminished tension of the whole vascular system during the action of jaborandi. Instead of diminishing the secretion of milk as might be expected from its causing such profuse discharges elsewhere, it appears to be a true galactagogue.

The effects of jaborandi on children are much less, for corresponding doses, than on adults, in this respect it resembles atropia, but it is antagonistic to atropia in its action upon the salivary suboral and mammary secretions.

Pilocarpin when administered hypodermically in doses of 1-5 of a grain, gives rise to effects almost identical with jaborandi taken internally, but it acts more promptly, and more certainly, and vomiting is less likely to occur.

In regard to the influence of pilocarpin on uterine fibre, it has a qualified oxytocic action, that is, if a tendency to expulsion be already present, then pilocarpin is an ecbolic (Saenger); during labor it produces rhythmical contractions of the uterus.

In the latter stages of eclampsia, when coma has suppressed the action of the reflex centres, there is sometimes danger of suffocation from the patient being unable to expectorate the enormous quantity of mucus and saliva that are secreted from the action of the drug.

Winkel states that the condition of the brain as revealed at the autopsies of those dying of puerperal eclampsia, is that of extreme anæmia, with more or less marked œdma, and obliteration of the convolutions, and he agrees with Traube and Munk that this is caused by an increase in the quantity of serum in the blood and by tension of the arterial system, and if this be so we have in pilocarpin the most effectual remedy.

MALIGNANT DYSENTERY AT BAY-VIEW ASYLUM.

BY ST. GEO. W. TEACKLE, M. D., BALTIMORE.

(*Read before the Clinical Society*).

Mr. President and Gentlemen:

In accordance with your request at a former meeting, I have prepared a history of the recent attacks of malignant dysentery at Bay-view Asylum.

The statistics and other data refer only to the male department.

The disease appeared for the first time in the summer of 1878, which was intensely hot; and after its commencement rapidly increased until in ten days from the first three or four cases the number reached forty; at this time pest houses and tents were established, and all those afflicted with diarrhœa and dysentery were transfered to them. After this, the number of new cases decreased, and those transfered died or recovered. This year the disease made its appearance about the middle of July, but was of much less extent.

Anatomical Characters.—The disease was almost without exception confined to the rectum and colon; in a very few cases the cæcum and lower portion of the ilium for five or eight inches were involved. The mucous and submucous membranes of this entire extent were very much swollen and infiltrated with serum, and surface covered with thin brownish mucus. In the majority of cases the portions of the colon most affected were from ¼ to ¾ of an inch in thickness, of a soft gummy consistance, with numerous perforations; in some cases as many as eight or ten perforations were found; a number being as large as a ten cent piece; these were most numerous in the posterior wall of the transverse colon, some were found in the descending, but none in the ilium and ascending portions. There was considerable congestion throughout the whole extent of the colon, but most marked in the descending portion and rectum. The liver was enlarged of a very pale color, and soft. *Gall bladder* contained very little bile of a dark color. *Spleen* was rather smaller than usual, and very soft. The other organs seemed free from any characteristic lesions.

Clinical History.—The disease is always preceded by a diarrhœa, which after twenty-four hours runs into a dysentery. At first the discharges contain considerable fæcal matter and mucus, are of a dirty brown color, and very offensive odor. Soon they consist of mucus and blood, are very small in amount (about a tablespoouful), and in color resemble mashed strawberries, and finally they are composed almost entirely of blood. Tormina and tenesmus of a very distressing character are present from the first, and continue till perforation takes place, when the patient seems to be relieved from all suffering and thinks he is very much better. The number of operations sometimes amount to thirty or forty in the twenty-four hours.

In several cases there was profuse arterial hemorrhage. The countenance is anxious at first; but gradually becomes almost listless. Emaciation is very rapid, and there is little or no perspiration, until after collapse takes place, and then the patient is bathed in a profuse cold clammy sweat. *The pulse* is little accelerated—at first (in those cases where it was rendered), never exceeding one hundred, very feeble and thready—after collapse the pulse was not perceptable at the wrist. *The temperature* in no case rose above 101°, and then during the first day or two only after perforation it falls as low as 97°, or lower. Tongue is thickly coated and frequently dry and cracked. Vomiting was present in several cases. Urine very scanty and high colored.

Causes.—A large number of those attacked this summer were those who were supposed cured last year. Ten cases came from the South Eastern district of the city, and the rest seemed to originate in the institution. The disease was no respector of age or sex. The insane department furnished a large proportion of cases,—from their habit of eating any and all kinds of filth they may chance to pick up in yards—when the disease first broke out the diet was largely composed of vegetables, which were raised on the farm attached to the asylum. This land had been saturated for years with copious and frequent applications of night-soil obtained from the city. In such large quantities was this obnoxious stuff used that a large pit within two hundred yards of the building, thirty feet square by five or six feet deep had beeu provided, and was generally full. When the disease first appeared a thorough inspection of the whole house was made, especially the water closets, but everything was in perfect order and scrupulously clean. The water used in the institution is supplied from the city mains.

At this time some of the cabbage raised on the place was boiled separately from the soup, and the stench was something fearful, resembling very much that arising from the pit before mentioned. After this experiment, we stopped the use of vegetables, and put the inmates on rice, milk, meat and bread, prohibited the further use of night-soil on the grounds, and covered the pit over with charcoal, lime and earth. The number of new cases grew less every day, and as the weather became cooler the disease gradually died out.

Diagnosis.—The diagnosis is very easy, for the reason that the patients rarely presented themselves for treatment until the disease was thoroughly established.

Prognosis.—Prognosis was extremely bad—out of seventy-six cases, twenty-seven died. The seventy-six cases included all the cases of diarrhœa and dysentery treated during the period the epidemic was prevailing, and most probably some of these cases were simple diarrhœas; of the seventy-six cases, twenty-three had the disease last year; and ten came from the city with it. The mortality was greatest among the insane, all dying who had it a second time.

Treatment.—Embraced the best hygienic conditions obtainable in the way of an abundant supply of fresh air, frequent changing of the bed clothes, and thorough disinfection, and immediate removal of the discharges. Of medicines, opium in all its forms, to the extent of narcotism, in combination with all the astringents by the mouth, enema, and suppository, was faithfully tried, and from first to last was the sheet anchor. All the vegetable and mineral astringents, counter irritation, enema of cold water, bismuth, camphor, carbolic acid, chlorate of potash, quinia and the other salts of cinchonia. Nitrate of silver, sulphate of copper, hæmatoxilon, tannin, salicin, by mouth and rectum, ipecac, faithfully, and stimulants liberally. After a faithful trial of the above; the treatment adopted as that giving the best results consisted of boiled rice and milk diet; brandy and ice, a flannel binder around the abdomen. One U. S. Ph. lead and opium pill every three hours (sometimes changed for a powder of tannic acid, opium and ipecac), Squibb's comp. tr. opii for abdominal cramps, and an enema three times a day of sulphate of zinc 15gr. to the oz., with carbolic acid 10gtts. and water.

DIPHTHERIA.

BY W. F. A. KEMP, M. D., BALTIMORE, MD.

(*Read before the Baltimore Medical Association, Feb.* 10*th.*, 1879).

Although known, for many years, by authors in medicine, it was reserved for Bretonneau, of Tours, to raise it to the dignity of a distinct affection; this was done in or about 1826. Since that time it has been recognized and treated of by nearly all medical authorities.

Diphtheria—an acute specific disease, which runs a quick and definite course in eight to fourteen days. Its anatomical character is spreading inflammation of the mucous membrane of the pharynx, attended by exudation of lymph. The disease is attended with great prostration of the vital powers; by a very early appearance of albumen in the urine, which may continue for a short time only, or may become persistent. In some cases a remarkable series of nervous phenomena are apt to supervene, characterized by progressive paralysis, and sometimes by fatal syncope (Aitkin, Practice of Medicine). In diphtheria, as in many others of the miasmatic kind, the general or local symptoms may predominate, giving special features to each case; and the patient may die from the severity of the general disease, or from the severity of some one of the local lesions. Regarding its ætiology much has been written—various and opposite are the views as to its cause; and as varied, the plans of treatment. Yet, apparently, all agree in calling it a zymotic or miasmatic affection. That few deny its existence as a disease "sui generis" is pretty nigh universally admitted. Whatever the specific cause of diphtheria be, it shows no decided affinity for any special class of the community. It has been seen in the comfortable home of the wealthy, in the house of the labourer, and in the abode of the destitute. It respects neither age nor position, though most frequently seen in children. Some authors offer no theory as to its cause; others sustain the theory that micrococci or vegetable monads are the specific principals of diphtheria, which suggests and justifies the antiseptic treatment, Their opinion based on microscopic examinations and experiments, plausible, because having the appearance of scientific exactness, was pretty generally received, and so far as it was accepted, *led* to the early energetic treatment of the local manifestation ; for they hold diphtheria to be at first localized at the point upon the surface, where the germs are received. 'Twas in accordance with this view, Trousseau recommends, attacking the pseudo-membrane with "savage energy." A standard medical encyclopædia (Ziemssens) says, "in diphtheria we have to deal at first with an affection, which is localized, and afterwards with a general disease resulting from this ; out of which may ultimately be developed still a later affection of various organs." Again it is maintained by others that the pseudo membrane, can not be distinguished from the concrete exudation on blistered surfaces, or that which forms in the angina of scarlatina. The formation of the pellicle in reality is an act of coagulation. The mucous membrane exudes, in the first instance, a fluid in which the *fibrin or mucin* coagulates ; and such coagulated material forms the tube casts which line the surface of the larynx and trachea, but from the mucous surface of which it becomes separated by a considerable interval. "The greatest possible variation as to the extent, the consistence, the colour, and adherence of the pellicle exists. Sometimes the exudation is so thin, soft and the particles so separated that the term membrane is hardly admissible ; or it may be tough, elastic and attain a very appreciable thickness. Between the extremes, we meet with all intermediate conditions as regards consistence and tenacity. Pus-granular-corpuscles, oleo-protein granules, and epethelium constitute the bulk of the softer forms of the so-called lymph, while such fibres as we see in the buffy coat of blood coagula constitute the bulk of the toughest variety of lymphy pellicle. Vegetable growths occur in the pellicle of diphtheria from time to time, and the accidental existence of such growths is no evidence that they have any *essential* connection with cases of diphtheria (Jenner on Diphtheria its Symptoms and treatment). It is held by some that diphtheria is due to a general blood poison, with local manifestations in the throat of a characteristic deposit; not doubting the existence of a special material cause unknown as yet, except by its effects. To such a view, I subscribe, as the one approaching nearest the truth. It can only be said further that the disease is generally epidemic or endemic, with a special tendency to limited localization. Its promotive cause, seems at present to be less known than of most other diseases. Dr. West was of the opinion, that it seldom occurred as an idiopathic affection, but that it was a sequela of measles. Others incline to the belief that it is a sequence of scarlatina. At a meeting of the Pathological Society of London (*Lancet*, November 10th, 1877), Dr. Greenfield showed a recent specimen of diphtheritic false membrane in the larynx and pharynx from a case of enteric fever. Dr. Murchinson said "a form of diphtheria which he was in the habit of regarding as different from true diphtheria was not an unusual complication of enteric fever, and more often of typhus and scarlet fevers. Such cases occurred at the Fever Hospital, where it was curious that very few cases of diphtheria itself were admtted." Dr. Sèmon had seen both here (London), and in Germany, cases of diphtheria complicating typhoid; and as a rule, in such cases, the inflammation began in the larynx and spread upwards, but *did not* affect the upper part of the pharynx. Dr. Allbut remarked that diphtheritic complications of typhoid fever, seemed to occur in some epidemics and not in others. He had been led to the opinion that there was some relation between enteric fever and diphtheria, partly from above facts, and partly because diphtheria springs up in the same localities as typhoid, and under similar conditions. He instanced the occurrence of an epidemic of diphtheria in a Yorkshire village being shortly followed by an epidemic of typhoid. That malarial or miasmatic effects are plainly engrafted upon diseased conditions, as we meet them at this time, needs but to be mentioned, for it must be so noticed by practitioners of medicine; certainly they are more prevalent at this time, than it has been my opportunity to observe since engaged in the profession.

The great question of to-day meets us at this point. What are the factors in producing so great a prevalence of zymotic disease? Have the present conveniences of our advanced civilization an influence? Do our sewage systems and our water-closets assist in producing such baneful influences? It is not improbable that our entire country, and particularly those sections which are adjacent to the late infected districts, are to be infested with manifestations of malarial influence, for the conditions necessarily consequent upon a wide-spread epidemic, such as our South-West has just passed through, can but exert an influence, and that an influence pregnant with obvious results. Holding the opinion that yellow fever is not necessarily imported, but that it may be and is indigenous to such countries as are composed of the elements that constitute the soil of our South-West, particularly such soil as is found in and around New Orleans; it is not beyond possibility that such malarial influence exists as tend to spread and cause miasmatic affections, no matter of what kind; or what character they may assume. That the malarial taint is observed in most, if not in all the affections for which we have to prescribe at this time, I hardly think can be denied, and that under such conditions as at present exist, we must expect the various miasmatic disorders; if not convinced that they do actually at present occur. The ætiology of diphtheria and kindred diseases is full of profitable research, but we leave it now, hoping the discussion will be full and free on this point. We must pass on. The forms that diphtheria assumes may for convenience be classed as follows: 1. Simple, 2. Crupous, 3. Ulcerative and 4. Malignant.

Diphtheria may be mistaken for scarlatina, true croup, aphthæ and thrush, although many lay great stress upon the diagnostic differences between it and the so called ulcerated sore throat, which we so frequently meet. Some lay great stress upon the appearance of the membrane, without which they claim diphtheria cannot exist; also the peculiar fetor, which they claim to be pathognomonic. Diphtheria may at the onset be masked and not of positive recognition, but in the course and termination of the throat inflammation there will be some one thing or other that positively clears away the doubt. I recall a case of inflammation in pharynx, where only the slightest possible patch of membrane upon the half arch on left side, was visible, yet the patient was exceedingly prostrate, and recovery very slow; this case had, in its course, paralysis of posterior pharyngeal muscles, with almost entire obliteration of voice (this case child æt 6 years).

Prognosis:—"Repugnance to food, vomiting, pallor of countenance with progressive weakness and emaciation from blood-poisoning; a large amount of albumen with casts in urine, showing uræmia, to which the vomiting is sometimes, but not always attributable, a free discharge from nostrils or occlusion of them by inflammatory thickening, and exudation showing that a considerable portion of the Schneiderian membrane is involved, hemorrhage from nostrils or fauces, and obstructed respiration," these indicate a fatal termination, and one at least of these symptoms has been present in most of the fatal cases that have fallen under my notice.

Treatment.—The principles governing the administration of remedies for the relief of diphtheria, depend upon the views entertained as to the cause and nature of the disease. It is to be regretted that uncertain and diverse opinions prevail, though for many years attention has been given to the therapeutics of this affection. There is scarcely a disease that presents such a diversity in type, from cases so mild, that nearly all recover, whatever the measures employed, to those so severe that a large proprtion die, under the most careful and judiciously advised treatment. At times it steals insidiously upon the patient, at times it fells its victim as with one strong blow. According as the theory, so the treatment. In the earlier days of its acquaintance, it experienced the benefits of the so-called antiphlogistic treatment. Dr. West, beside laying great stress upon the frequent sponging of the fauces with a solution of 20grs. of nitrate of silver to the ounce of distilled water, advocated and relied upon the exhibition of tartar emetic in the same manner as in cynanche trachealis. Mercury by the mouth, if the state of the bowels permit, or by inunction—and an early support by nourishing broths and by bark and wine,—form also important parts of the treatment; so we read of the treatment in and about 1856.

Later on, the antiseptics both internally and externally were employed, hence we have papers upon the use of carbolic acid, chlorine preparations, bromine, the sulphites, salicylic acid and all remedies for which antiseptic properties are claimed. To mention them is to remind us of their inefficiency, if relied upon solely, and used to the exclusion of other remedial agencies. After the close of our late civil war, a solution of bromine and bromide of potash obtained quite a reputation amongst the New York fraternity, because of its apparent beneficial employment as an antiseptic by army surgeons in the hospitals. Dr. Beverly Robinson claims much for cubebs in the catarrhal types of diphtheria, stating that he has seen, under the *Cubeb* treatment, the whole process of membrane formation terminated in less than forty-eight hours, claiming that under other plans of treatment it occupied three or four days. His favorite prescription was:

℞. Pulv. cubeba recentis ʒj, syr. aurantii, aq. mentha pip. āā ℥jss,—S. to be taken in twenty-four hours, or a dessertspoonful every two hours (*Amer. Jour. Med. Sciences*, July, 1876). Mr. J. Graham Brown, Senior President Royal Medical Society, Edinburgh, published in the *Journal Anatomy and Physiology* (Oct., 1877), a series of experiments, in order to ascertain, what drugs seemed to have an influence over diphtheritic processes. The results were—1. That the contagious fluids of diphtheria are rendered powerless to propagate the local disease after mixture with solutions of hydrochlorate of quinia, salicylate of soda and benzoate of soda. 2. The most powerful of the three is *Benzoate of Soda*. 3. That the administration of benzoate of soda hypodermically, previous to the inoculation of diphtheria, has a power of preventing the establishment of the disease; but that the protection is only for a limited time. Mr. B., properly remarks, that it would be very rash to suppose, that any one of these points had been firmly established by the amount of evidence which is contained in the research. Still, however, the uniformity of the results obtained is so striking, as to increase greatly their value. Without multiplying the interesting points made by many authors as regards the therapeutic treatment of diphtheria, we must generalize, for already, this paper has exceeded the limits necessary to open discussion; the treatment must be both constitutional and local, at least in the majority of cases. Local treatment is necessary to allay irritation and inflammation in fauces, and also answers to keep the parts in a cleanly condition. As regards the applications advocated and employed, we might say that almost every styptic and antiseptic has its advocates We all have our favorites, and in my hands I have found that a mixture of carbolic acid, tr. ferri chloridi, and glycerine answers as well as any preparation that I have used; it appears to be free from the objections that can be brought against the employment of the mineral acids, for unlike them, it leaves no discoloration of the faucial mucous membrane, that can possibly be mistaken for the membrane for whose eradication it is used. The same objection applies to nitrate of silver; and again, the object is not to use too irritating applications, but in our endeavors to remove the exudation, we must at the same time endeavor to allay the irritability of the congested and inflamed surfaces. I know not what has been the experience in the hands of others, but judiciously employed the same glycerine, iron and carbolic acid has satisfied me both in removing the membrane and in procuring relief to the affected surfaces. Carbolic acid seems much to be preferred to salicylic acid, as much less objectionable to the taste of the patients. The benefit derived from permanganate of potass., preparations of lead, and other detergents and drugs in gargles is well known; the old domestic gargle of vinegar, syrup and water, has sustained a well deserved reputation in my hands, as procuring a condition of great relief, if used freely. Our applications may be made by the old sponge probang, by the spray or by the aid of a camel's hair brush, which method I prefer, as being the most satisfactory application. With it we are enabled to reach any or all involved surfaces in the majority of cases. Where the inflamed tracts can not be reached by the brush, the spray answers a good purpose. Ice forms a good and valuable means of relief in many cases. I must enter my protest against every effort to remove the patches of exudation by force, as by excision or actual cauterization, as they are likely to do harm rather than accomplish any good. In our systemic or constitutional treatment we rely upon a supporting regimen and the administration of restorative agents; those that tend to sustain the normal qualities of the blood and support the life of the individual. So long as there is heat of skin and firmness of pulse, alcoholic stimulation should be withheld, and our reliance placed upon such medicines as exert an action on the skin or kidneys, or on both. The bowels should be prevented from becoming constipated. Without entering fully into details as to the effects of drugs, we would mention that quinia, in our experience, has not answered as well as ferruginous preparations; as an adjuvant to iron it does well, but iron is to be preferred; during the acute stages of the disease I have observed considerable benefit from exhibition of twenty drop doses of tinct. muriate of iron, with half to drachm doses of spirits nitrous æther, the mixture materially assisted by the addition of lemon syrup, the above dose is given once in three or four hours as the case may seem to demand. There seems to be a two-fold benefit derived from exhibition of tincture of iron, it not only acts as a restorative to the blood, but coming in contact with the pharyngeal surfaces in deglutition, acts also as an astringent, whilst the nitre acts kindly upon the skin and kidneys. After the acuteness of the symptoms has subsided, citrate of iron and quinine, the vegetable tonics in form of ferrated elixir, the elixirs of iron, quinine and strychnia have answered a good purpose. In the event of paralytic symptoms, strychnia seems to be especially indicated. Some favour the administration of chlorate of potass. with the iron. Some would add hydrochloric acid, and suspend the free chlorine, liberated in such mixture, in a rich mucilage. I have trespassed upon the time of the association sufficiently, and in conclusion would only add that so far as diphtheria is concerned, we seem yet to be but illy informed either as to its true nature or most judicious treatment. It will be interesting to note the statistics of tracheotomy for diphtheria. There were admitted into Prof. Von Langenbeck's clinic at Berlin from January 1, 1870 to July 31, 1876, 567 cases of diphtheria. Tracheotomy was performed 504 times, the sole indication for operation being the presence of laryngeal stenosis, without reference to age or other features of the disease, of these 357 died, 70.8 per cent.

Dr. Krönlein reports 210 cases of tracheotomy of which 154 died, 72.9 per cent. Dr. Buchanan, of Glasgow reports 46 cases of tracheotomy of which 29 died, 63. per cen . These are a few of the statistics that have hurriedly been gathered, total cases 760, with an average mortality of 70 per cent.

At a late meeting of the Royal Medical and Chirurgical Society, Dr. Andrews read the report of the Scientific Committee, appointed to examine into the relations existing between the diseases commonly known, respectively as membranous croup and diphtheria, of which the following is a summary of conclusions—1. membranous inflammations confined to, or chiefly affecting, the larynx and trachea, may arise from a variety of causes—to wit:

(A). From the diphtheritic contagion.

(B). By means of foul water, or foul air, or other agents, such as are commonly concerned in the generation or transmission of zymotic disease, though as mere carriers of contagion can not be determined.

(C.) As an accompaniment of measles, scarlatina, or typhoid being associated with these diseases, independent of any ascertainable exposure to the especial diphtheritic infection.

(D). It is stated, on apparently conclusive evidence, that membranous inflammation of the larynx and trachea may be produced by various accidental causes of irritation.

2. There is evidence that membranous affections of larynx and trachea have shortly followed exposure to cold, but their knowledge of individual cases is not sufficient to exclude the possible intervention, or coëxistence, of other causes. The majority of such cases appear to be of the nature of laryngeal catarrh.

3. Membranous inflammations, chiefly of larynx and trachea, to which the term "membranous croup," would commonly be applied, may be imparted by an influence, epidemic or of other sort, which in other persons has produced pharyngeal diphtheria.

4. And conversely, a person suffering with the membranous affection chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which would be commonly regarded as diphtheritic. The report concludes, "The facts before the committee only warrant them in the view that when it obviously occurs from a zymotic cause or distinct affection, and

primarily affects the pharynx, constitutional depression is more marked, and albuminuria is more often and largely present, though in both conditions some albumen in the urine is more frequently present than absent. The most marked division indicated by the facts before the committee, is that between membranous and non-membranous laryngitis." Such are the facts, brought before you for discussion at this time; you will have observed that many of the interesting questions pertaining to diphtheria, we have not noticed. This omission has been made, not for lack of individual interest in them, for the contagiousness, portability, varieties in form, and modes of death, and other points in the considering of diphtheria are full of vital interest, but lest your patience be exhausted, I leave diphtheria in your hands, to be dealt with, as in your judgment seems most expedient.

SOME CASES OF EPISTAXIS, AND OTHER HEMORRHAGES.

BY RANDOLPH WINSLOW, M. D., ASSISTANT DEMONSTRATOR, UNIVERSITY OF MARYLAND.

Epistaxis is one of those affections which every physician is called upon to treat. Generally it is an easy matter to arrest it, by cold applications to the face—ice held in the mouth—cold affusion or ice bag to the spine, &c., but, exceptionally, cases occur which require mechanical means to stop the hemorrhage and save life. The usual method adopted in such cases is to plug the nostrils by means of Belloc's canula, or a flexible catheter. When one has the necessary instruments this is generally an easy and satisfactory way of accomplishing our purpose, but frequently a physician is called upon when he does not have these appliances, and it becomes necessary to resort to other means.

Having been accustomed for several years to arrest dangerous epistaxis by tamponing the nose with cotton, I desire to call attention to its advantages. Small pieces of cotton may easily be pushed along the nasal floor to any desired distance, or may be carried entirely through the nose from anterior nares to throat. The cotton should be saturated with water, and then with some astringent solution. If the cotton is not wet, the blood will slip by it without clotting. The liq. ferri persulph. is the most certain astringent for local use upon the cotton, but if that is not at hand we may use tr. ferri chlor., fl. ext. ergot, fl. ext. hamamelis, ol. terebinthinæ, solutions of alum, tannin or any other astringent which may be accessible. A female catheter, grooved director or almost any other long slender instrument may be used for pushing the cotton through the nose, or it may be applied upon a uterine applicator and slipped off in the nasal cavity by the wire spring surrounding the applicator. This method is inexpensive, and cotton can nearly always be obtained in a few minutes. It causes as little or less discomfort than the plug in the pharynx. It may be applied in every case; whilst in some instances it is difficult or impossible to plug the posterior nares from the mouth owing to the reflex nausea and straining caused by the necessary manipulations. In some cases the difficulty of depressing the tongue prevents the use of the post nasal plug; especially is this apt to be the case with negroes.

The following four cases are copied from my note book, to show the results of the treatment in some severe cases in which I have employed it, and to call attention to the variety of astringents used. As far as I am aware no injury has been done to the nasal structures in these or in any other cases which I have treated in this manner.

In August 1876, I was called to attend E. S., aged about 40, who was having severe epistaxis. She had been bleeding more or less for a week, and had lost immense quantities of blood. She had received the attention of three regular and two homœopathic physicians, but beyond a very temporary arrest of the hemorrhage, she had not been benefited. Amongst other measures she had been tamponed by means of Belloc's canula, but without success, and probably the plug did not fit the nasal openings accurately. I saturated small pieces of cotton with liq. ferri persulph. and pushed them along the nasal floor, as far as was necessary, and thus filled the nose. Her after treatment consisted of 2 grs. acetate lead and one-half grain opium every two hours, until 48 grains of lead had been taken, when she began to exhibit the toxic effects of the mineral; a blue line along the edge of the gums, and severe abdominal pain. Gallic acid was then substituted. Ergot was not used, as she was in the eighth month of pregnancy. Whilst scarcely able to walk, on account of prostration from loss of blood, her husband, who had previously said he would give $100 to have her cured, knocked her down, but notwithstanding all accidents, she recovered promptly and about a month afterwards gave birth to a living child.

E. L. O'D., had hemorrhage from the nose severely, and was treated similarly, except that I used ergot as the astringent instead of Monsell's solution, applying it to the mucous membrane of the nose, by means of an uterine applicator, and then tamponing with cotton saturated with it. It was also given internally in ʒj. doses. Ice was held in the mouth in addition and cold compresses placed over the nose. I had a short time previously read of the beneficial action of ergot, applied locally to bleeding surfaces, and this case would seem to corroborate it.

J. T., Jr. was treated by tamponing nose with cotton saturated with tr. ferri chlor. which succeeded completely, but I would prefer some other astringent if it could be procured easily as the excess of muriatic acid renders the preparatiou a mild caustic.

L. T., a middle aged woman, with valvular disease of the heart had profuse epitaxis. I readily arrested it by pushing cotton saturated with Monsell's solution through the nose by means of a female catheter, and grooved director. The bleeding was from the right nostril, and ran back into the mouth and throat, at first sight appearing to be a severe hemorrhage from the lungs. Two days afterwards I removed the cotton with forceps. The next evening she had a return of the epistaxis, and again lost a large amount of blood; the blood coming from both nostrils. She also swallowed quite a large quantity, and vomited it afterwards. I filled both nostrils from anterior nares to throat with cotton saturated with liq. ferri persulph, and then ordered fl. ext. ergot and fl. e. hamamelis fifteen dops of each every hour. I also injected hypodermically several syringefuls of the mixture into her arm in hopes of causing a speedy diminution in the size of the bleeding vessels. There was no further loss of blood, but a cellulitis of the arm was set up, which caused much trouble, and I would not use the combination again hypodermically, if I could obtain ergot by itself. I allowed the cotton to remain until there was some suppuration, and then removed it, and washed the nose out with water, and injected an astringent lotion.

Dr. M. M. Griffith mentions in *Medical Brief*, July, 1876, having arrested epistaxis with "a piece of fat bacon three or four inches long, cut to fit the nostrils and pushed in tight and far enough to reach the throat. In obstinate cases the bacon may be rolled in (powder) ferri persulph; the blood may pass down the throat for a short time, but it is soon corrected."

HEMOPTYSIS.

C. S., a musician, had been ill for a year with either tubercular or syphilitic disease of the lungs. He had been under the treatment of several physicians before I was called to see him. I found him extremely prostrated from severe and protracted hemoptysis. He did not bleed continuously, but would have sudden gushes of blood, and would lose a large amount at a time, then coagulation would occur and the hemorrhage be arrested for twelve or more hours. These attacks usually occurred about 6 o'clock in the evening. I gave him fluid extract of ergot freely by the mouth, as well as gallic acid and other remedies, without effect. I then injected the ergot hypodermically several times, and controlled the bleeding completely; however, he died a few days afterwards from exhaustion. I record his case as an example of the power of ergot administered hypodermically to arrest hemorrhage, which could not be stopped by the same remedy given by the mouth.

Hemorrhage Following Extraction of a Tooth.—G. H. W., applied to me in September, 1879, for relief from neuralgia of face and head. I examined his mouth, and finding his teeth to be very carious, I directed him to have some of them extracted. He went to a dentist, who extracted the fangs of an upper molar tooth, and found it necessary to break out a piece of the alveolar process. Some hours later he again visited me, he was bleeding freely from a small artery at the apex of the alveolus. I filled the cavity with a cotton compress saturated with Monsell's solution and apparently arrested the hemorrhage, but he returned the next day with his cheek distended with a clot from the iron, but the bleeding was not controlled. I again failed to arrest it with Monsell's solution, and tried nitrate of silver and nitric acid without success. Seeing I could not succeed by styptics, I trimmed a cork to fit the alveolus, inserted it and told him to press upon it as much as possible with his lower jaw. This compression arrested the hemorrhage immediately and permanently, it caused no pain, and gave no inconvenience. The cork was securely retained in situ by the adjoining teeth, and was not removed for nearly a week Had this method failed, I would probably have applied the actual cautery.

Hemorrhage from Scalp Wounds, Cured by Acupressure.—J. M. F., whilst wrestling fell and cut his head upon the curb stone, making a small wound. He was treated by the police surgeon at the time, but continuing to bleed, he called upon his family physician, who applied a compress and bandage. This answered for awhile, but at intervals of about a week he would have severe hemorrhage from the wound. A month ofterwards he was visiting near my office, and whilst sitting quietly in the house, the bleeding commenced. I found the wound filled with fungous granulations, and could not sieze the artery. After trying styptics and compression in vain, I transfixed the integument around the wound with two long pins, and tied the skin tightly upon them. The bleeding was arrested at once, and did not recur.

C. C., a young negro, was terriby cut with a razor on September 3rd, 1879, upon the head, abdomen and nates, and required twenty pins and stitches to close the wounds. From one of the wounds of the scalp he bled profusely, but it stopped spontaneously. Two weeks afterwards I was called in the middle of the night, to arrest hemorrhage from one of the wounds on the head. I found him lying upon the floor in a pool of blood, in a room dimly lighted. I was not able to ligate the artery, therefore transfixed the wound and brought the edges together firmly, and tied the skin upon the pins. This controlled the bleeding, and in a few days the wound healed.

Wound of Temporal Artery—Compress and Styptic.—R. F., severed his temporal artery, and was treated by a physician, who applied a bandage and compress, which would arrest the bleeding temporarily, but only for a short time. The bandages were re-applied repeatedly. I was called in the night, and as the wound was fungous, I was unable to put a ligature upon the artery, so filled the wound with cotton, saturated with Monsell's solution, which made a firm coagulum, and cured him.

* * *

CORRESPONDENCE.

BEDFORD IRON AND ALUM SPRINGS MASS.

RINGWOOD, N. C., October, 1879.

Messrs. Editors:

Allow me to add my testimony, with others, in behalf of the "Bedford Iron and Alum Springs Mass."

In the cases in which I tried the remedy, I had decidedly favorable results. The first case was a young girl, 16 years of age, suffering with suppresed menses, gastralgia or nervous dyspepsia. I prescribed the mass in solution as directed, and the patient is in better health now than ever before. The pain in the stomach was relieved with the first few dcses.

Another patient Mrs. B., had an abortion and considerable hemorrhage which continued in a passive form; she was extremely nervous and debilitated, a month after the abortion, at the time I first saw her. The "mass" was prescribed with the best results—and I believe it deserves much of the praise bestowed upon it. It is highly gratifying to the lover of his profession to record the safe and successful treatment of any form of disease, but more especially to be able to recommend with confidence a remedy that acts so promptly as the one under consideration. I gave the mass size of a pea dissolved in water before meals.

G. E. MATTHEWS, M. D.

BALTIMORE, NOVEMBER 18TH, 1879.

Messrs. Editors :

I listened with great interest to the recent discussion on Puerperal Eclampsia, at the Academy of Medicine, and regretted that it was not renewed at the next meeting, in order that there might be a very full and free expression of opinion ; not only because of the inherent interest of the subject, but because it is only by these thorough discussions that we may hope to have erroneous views corrected and possibly to shed new light upon unsettled questions of pathology and practice.

As far as my reading and observation go, the condition of affairs in puerperal eclampsia is capable of a very simple statement. In the first place we have a congestion, or possibly in some cases the more advanced stage of inflammation of the kidneys, dependent upon pregnancy, Congestion of a gland, we know, checks its secretion and so in puerperal eclampsia we find the urine more or less suppressed. Hence we have an accumulation in the blood of material, which is not intended to be there, which is hurtful to the body, and if not removed, either by an early restoration of the function of the kidney or by elimination through some supplementary organ will, sooner or later, produce fatal results. It is the presence of this excrementitious poison, acting as an irritant upon the nervous centres that causes the violent nervous phenomena, which give name and distinctive character to the disease. To render the statement as simple as possibe, I leave out of consideration the anasarca and albuminuria, which are at most only effects of the pre-existent renal derangement. We have then to consider,—1. A renal element. 2. A nervous element, and these call for two distinct lines of treatment, viz: elimination and sedation. At the first glance, elimination would seem to be the more important indication, on the principle "causâ sublatâ, tollitur effectus." This does not, however, necessarily follow, for the case may be too urgent to allow the delay necessary to produce elimination, and on the other hand we may be able by sedatives to render the system tolerant of the poison, and thus gain time for eliminants or for the kidneys to recover their normal condition. We find an analogy in intestinal colic, where our first thought and duty are to relieve the intense pain by a full hypodermic dose of morphia, leaving for subsequent eliminative treatment, or to the resources of nature only, the indigestible food which gave rise to the trouble. As a sedative chloroform recommends itself both upon theoretical and clinical grounds ; its greatest utility is manifested in the prevention of impending convulsions, upon the slightest evidence of the approach of which it should be administered without delay, for if the convulsions have once begun, the tonic contraction of the diaphragm may entirely prevent inhalation. But the effects of chloroform are transient, and we must seek for something that will keep up the sedation in the intervals of its administration, and chloral seems to be just the thing for this purpose; given per rectum, if the patient be unable to swallow, otherwise by the mouth. Dr. Chew laid great stress upon the employment of morphia, and it is, we are well aware, also recommended by good authorities, but whatever may be said of its harmlessness, an agent, which like this diminishes the renal excretion in health, cannot but act with increased and more deleterious effect upon that organ when crippled by congestion. Again, in considering the alleged beneficial effect of morphia as a sedative, we must not lose sight of the other important indication of treatment, elimination. Allowing, for the moment, that it does not diminish the renal and cutaneous excretions, the same cannot be said with regard to the intestinal, and we will almost surely want to make use of this latter channel of elimination, for cathartics are nearly indispensible in the treatment.

Chloral, on the other hand, is both adapted to meet the indication for a sedative and has no such suppressing effect upon the renal discharge as is universally attributed to morphia, at least in health. Elimination is to be effected by diaphoretics as the hot-air or steam bath, and hydrogogue cathartics, of which the co. jalap powder is to be preferred, or, if the patient be unable to swallow, croton-oil dropped on the tongue. These agents should be resorted to as soon as the violence of the attack has been moderated by those previously mentioned.

Jaborandi has been much used of late in puerperal eclampsia, on account of its powerful diaphoretic effect, and we have reliable evidence of its utility. Its use requires caution however and should be limited to the early stage and to a state of consciousness. If used when the patient is comatose and especially when under the influence of the anæsthetic, fatal suffocation may be produced by the profuse secretion of saliva filling up the air passages. Two deaths at least thus caused have been reported in Germany.

Dr. Chew attributed the chief importance in the treatment of his case to the local abstraction of blood; as there is no direct connection between the renal vessels and those supplying the integument of the loins, it is hard to conceive how the loss of a few ounces of blood could produce so rapid a diminution of the renal congestion, as seems to have taken place.

If it was due to the simple loss of blood, why did not the pint last in the labor have the same effect? If on the other hand it was due to a revulsive action solely, as was suggested, why would not dry cups, turpentine or other counterirritant have answered as well?

With regard to general bloodletting, which has begun again to become the fashion and finds many an ardent advocate among those who were lately its deadliest foes. That it is a sedative, that it will eliminate rapidly the uræmic poison, that it *may* relieve a congested kidney, we admit, but we have already named more efficient and harmless sedatives, and we have enumerated eliminants, which both act more naturally by removing the urea through normal channels of excretion, and at the same time exert a most powerful influence upon the renal congestion. If it be said that venesection enables us to produce immediate or rapid effects, which cannot otherwise be obtained, we reply that we have already stated that elimination is not the first indication of treatment but sedation.

In conclusion, whilst delivery does not always relieve the symptoms, it is unquestionably the *fons et origo mali* in the great majority of cases, and it does sufficiently often afford relief to make it our imperative duty to hasten it as far as the circumstances will allow.

Yours &c.

URZHEN.

TREATMENT OF ECLAMPSIA BY MORPHIA.

To the Editors of the Maryland Medical Journal:

In the proceedings of the Baltimore Academy of Medicine, published in the November number of your JOURNAL, and also in the *Virginia Medical Monthly*, I observe two cases of Eclampsia reported which were treated by morphia, a practice which seems to meet with my general approval, though Dr. Arnold I see took ground against it from physiological considerations.

In May 1874, I saw, in consultation with Dr. R. W. Nelson, of this place, a lady in labor with her first child. Her pregnancy had only advanced eight and one-half months when convulsions occurred and proved most obstinate. Labor pains came on about the same time and the os dilated slowly.

Chloroform was tried with temporary success, but the patient became perfectly unconscious, her condition was apparently desperate. Dr. Randolph, the family physician, who had been absent, returned about 36 hours after the convulsions commenced, and after consultation we determined to use morphia hypodermically. A quarter of a grain was given and the dose was repeated in a few hours.

The convulsions were checked and the patient was delivered of a still-born child. She did not recover her consciousness, however, till some hours after delivery, and was kept partially under the influence of morphia for a day or two.

The treatment of uræmic poisoning by morphia is not a very usual thing. I am quite sure that it was proposed and used by Dr. Loomis, of New York, so long as six or eight years ago, but I cannot lay my hands now on the journal in which I saw it mentioned.

Dr. Arnold it seems to me overlooks *one* of the physiological effects of morphia which may account *in part* for its beneficial action in these cases.—Namely, its property of lessening oxidation and thus checking the formation of urea.

There can be no doubt, however that its chief action consists in allowing reflex irritability, as Dr. P. C. Williams stated. There can I think be no reasonable doubt that in it we possess an agent of very great value in puerperal eclampsia as well as other convulsive attacks.

Very truly yours,

WM. C. DABNEY, M. D.

CHARLOTTESVILLE, VA., Nov. 19th, 1879.

CLINICAL LECTURES.

INJURIES OF THE EYE BALL. A CLINICAL LECTURE, DELIVERED TO THE MEDICAL CLASS AT THE UNIVERSITY OF MARYLAND.

BY JULIAN J. CHISOLM, M. D., PROFESSOR OF EYE AND EAR DISEASES IN THE UNIVERSITY.

The man now presented to you, while moving about his room in the dark, two nights since, struck his eye against the edge of a door. He was much startled by the suddenness and severity of the blow; saw for the moment stars, as he says, and has had a painful eye ever since. His eye is sensitive to light, and waters freely upon exposure. Upon inspection you find the eye injected and of a pink color. The cornea is clear and uninjured. The pupil is black and seems to have free play. The iris is in no way discolored when contrasted with the opposite and uninjured eye. The vision is not materially disturbed. The injection seems chiefly confined to the fine vessels of the white or scleral tissue, which being a firm resistant fibrous coat, explains the pain which the patient suffers. The local use of atropia gr. 11 to ℥i. of water will soon quiet all the pain, relieve the congestion and cause all trouble to disappear.

This case is quite in contrast with the patient whom you see along side of him. He also has received an injury to the eye. In opening oysters a piece of shell has struck the right eye, and has wounded the cornea. In addition to the injection of all the surface tissues you observe a whitish area on the outer part of the cornea which extends from near the outer border to the pupilary space. This patient complains of a painful and weak eye, which waters upon exposure to the air or light: and in addition, sight is materially diminished because light passes with difficulty through the cloudy cornea.

Both of these cases differ very decidedly from this third patient who has been sent to the clinic from the dispensary of the Presbyterian Eye and Ear Charity Hospital. He has had his right eye torn open by a blow from a fragment of stone. In examining the injured eye, a cut is seen extending across the eye ball from near the caruncula to the outer edge of the cornea. The wound has gaped sufficiently to allow a piece of iris to escape and form a ridge on the corneal surface. The anterior chamber is much diminished in depth, and contains some blood. The pupilary orifice is lost in the iritic hernia, because the wound of the cornea extends across the pupilary space, and has allowed all the central parts of the iris to protrude. The patient does not complain of as much pain as either of the patients previously examined, and yet has much the most serious injury.

These three cases may be taken as typical of the three grades of eye injuries. The first is an eye bruising, which will be speedily recovered from. The second is a case of injury to the surface of the cornea which will require much more time for successful treatment, and which may leave a permanent trace of the injury in an opacity or cloudy spot on the cornea. The last eye has been destroyed for all useful vision, and must at some future time be removed to prevent disasterous inflammation in the good eye. Each of these types represent a large series of eye accidents, which grade from a slight and temporary discomfort to the complete destruction of the visual organ.

In the first order of concussions of the eye ball without apparent injury to the cornea or sclerotic we find many different conditions. When the eye is accidently touched with the finger or with the end of a handkerchief, it produces a smarting pain, which amounts to more than a discomfort. The vessels of the surface engorge, and a flood of tears gush from the lachrymal gland to wash away as it were an intruding body. In a few minutes or hours the temporary discomfort has already been forgotten in the continuance of the occupation, which for the time had to be suspended. A more severe blow is represented in the case before us in which a more permanent congestion ensues, accompanied by a dull aching pain which is severe enough to annoy the good eye from sympathy, and prevent all close application for some days. A still more severe injury in this class was exhibited in a child of two years of age brought to me for treatment His Aunt was trying to amuse him by throwing his soft cap at him. It had a button at the top. In one of these throws the button struck him in the eye. The cap was so soft and light, and was projected with so little force that no injury was anticipated; but as the little one cried much and seemed to be in pain, he was brought to me for inspection. I found the anterior chamber full of blood, but could detect no abrasion on the cornea or sclerotic. It was fully three weeks before the blood was all absorbed, and the eye restored to its full power of vision.

A little blood in the anterior chamber is not an uncommon occurrence after blows upon the eye, and does not necessarily infer serious and permanent damage to the organ. The extreme vascularity of the iris and ciliary bodies immediately behind this septum, explains the frequency of slight hemorrhages from blows. As a rule blood in the anterior chamber in a healthy eye rapidly undergoes solution in the aquious fluid, and subsequent absorption. After the performance of iridectomy, an operation for making an artificial pupil in cases where inflammation had tied the pupillary border to the capsule of the lens, blood often escapes from the iritic vessels, and fills the anterior chamber. If left there, and the eye dressed with the usual pressure bandage, in a very few days, all trace of the blood will have disappeared and without detriment to the organ.

A more severe blow upon the eye may tear some of the inner important coats without doing injury to the outer eye shell. In such cases the suspensary ligament which holds the lens in position may be ruptured, and the lens would be displaced from its central position. This would not only injure the eye for seeing, but would establish within the eye a condition that may at any future time give serious trouble. The capsule of the lens may itself be broken into, and a traumatic cataract with temporary loss of sight would be the consequence. These delicate transparent tissues, however, often escape injury when the deeper structures yield. The choroid may be torn, or some of the retinal vessels may give way. In the latter case, under ophthalmic observation a clot of blood may be seen in the retinal substance, and if in the vicinity of the visual axis must do serious and permanent damage. In the former the hemorrhage from the choroid may be so excessive as to completely conceal the retina from ophthalmoscopic examination, and destroy all perception of light. Such serious injuries as the disorganization of the interior of the eye ball, while the cornea and sclerotic coats retain their normal appearances, are not very rare cases in an Eye Dispensary.

In the second series of eye injuries implicating the cornea we find all grades, from the disturbing of the surface epithelium to the opening of the anterior chamber through the whole thickness of corneal tissue; and from a minute puncture to an open gaping wound, which may reach from one border of the cornea to the other The simplest wound are made by slight blows, often of very small bodies as from cinders or minute scales of iron. These may embed themselves in the soft epithelial surface of the cornea, and have to be picked out by the surgeon. Such abrasions heal with great rapidity, and often in a day all trace of trouble has departed.

The second case brought to your notice represents a very large number of dispensary cases. They exhibit more or less extensive surface abrasions, occasioned by injury to the superficial layers of the corneal substance. In this large city in which the oyster trade is a very important industry, there is scarcely a day, during the shucking season, that cases of oyster shell injury to the cornea do not present themselves for treatment at the Presbyterian Eye and Ear Charity Dispensary. These cases show a striking uniformity; a very sensitive eye, painful upon exposure to light, and from which water escapes copiously. The eye is somewhat injected, especially around the outer corneal circle, and upon some part of the corneal surface is a grayish spot, sometimes covering half the cornea, often central, concealing the pupil and interfering very materially with vision. Under the sedative treatment of atropia, such cases slowly improve, so that work can be resumed long before the white spot upon the cornea passes off.

If the blow has been a severe one, the inflammation extends into the deeper tissues of the cornea. Here is a laborer who injured his eye in chipping a stone, another very common cause of corneal injuries. When he first came to the dispensary the cornea was clear with a deep grooved abrasion upon its surface. When next seen, after some days absence at his country home, the surroundings of the wound had become cloudy, the inner face of the cornea mottled in spots, and pus was detected in the anterior chamber. In the mean time he had suffered severely. In this case it was necessary to puncture the anterior chamber to let out the pus. At this stage he entered the hospital. Under the local use of atropia and the pressure bandage, with general tonic treatment, the inflammation subsided without a reformation of the pus, and the case has done well.

The mere tapping of the chamber does not always terminate so successfully. In many cases pus re-accumulates. A larger portion of the cornea becomes involved. Pus seems to infiltrate the lamminated structure of the cornea, and a sloughing of this covering ensues. In the most serious cases the iris becomes implicated in the final healing process with partial obliteration of the anterior chamber and destruction of all useful vision. In some of the oyster shellers injuries, the corneal wound is not larger than a small pin's head. It is a round well defind whitish spot, in the superficial surface of the true cornea, covered with polished epithelium. It exhibits so peculiar an appearance, as to have induced the belief that it was the specific effect of the juice from the oyster, and not a blow from a fragment of the shell.

While surface cloudings of the cornea may in time disappear having slowly faded out, the deep wound, even when made by sharp instruments, always leaves its white cicatricial mark as a permanent scar. When these cross the corneal surface in the neighborhood of the pupil they interfere materially with good vision. When cuts are limited to the cornea proper, even if they penetrate into the anterior chamber, and implicate the iris, they are not necessarily fatal to the organ. The simple wounds heal kindly, and even the lascerated ones with irregular outlines in time get well. Should they be located at the side of the cornea and not over the pupil, a very useful eye may be retained. In cases of gaping wounds of the cornea, with a protrusion of a piece of the iris, the condition of the eye is very much improved by carefully cutting off the whole protruding portion smoothly with the surface of the cornea. If the accident be a very recent one, this operation will release the iris from the wound and allow it to resume its normal place in the anterior chamber.

It is when the wound is not limited to the cornea, but crosses from the colored to the white part of the eye that danger becomes most imminent to the organ of vision. Wounds which extend into the ciliary region where the colored and white parts of the eye join, are the dangerous eye wounds. Such a wound may not only destroy the injured organ, but may in the course of time induce by sympathy, destructive inflammations in the other eye. In these cases the wound may not have been a very painful one at the time of accident: perhaps only a slight puncture with some sharp instrument, leaving a mark of not over two lines in length divided in its extent between the cornea and the sclerotic. The wound may be deeper than its surface indicates, and have done injury to the ciliary region which you know is so vascular and so richly supplied with nervous influence. Sight at the time may not have been altogether lost. Months or years after the occurrence of the primary accident, inflammation may have appeared in the eye putting out the sight that had remained. Then at times the repeated so called colds would keep the eye painful and irritable, and some day the other good eye would be attacked by a similar inflammatory trouble.

The secondary inflammation usually locates in the iris and ciliary region, and when it shows itself by sympathetic extension in the good eye always ends in its painful destruction. It is to prevent such very ugly sequela that surgeons remove the injured eye. This extirpation of the lost eye ball must be done prior to inflammatory attacks in the good one. When once inflammation has started in the good eye, no benefit will come from the removal of the lost one. This danger must always be anticipated.

It is never safe to carry an eye lost by accident. Even when it has given no pain for months or years, there is no certainty that it will not yet become a source of trouble. I have seen an eye lost by a puncture wound remain a useless, painless, innocent stump for thirty-five years, then without known cause, an inflammation suddenly made its appearance in it, and through sympathy, dangerous irritation showed itself in the other eye. I have been consulted in cases where the good eye was lost after this long interval: and I have seen cases just in time to remove the eye which was primarily injured, and thereby cut off the impending danger from the sound one.

In fact, so dangerous do surgeons consider deep wounds of the eye involving the ciliary region, that we now lay down the rule, which the patient will not always consent to have carried out, that such eyes are best treated when first seen, by extirpation.

Such wounded eyes heal very slowly, seldom look well, and are constant sources of danger. To the working man, to whom time for labor is all important, this loss of many weeks work is a serious embarrassment. The wound left after the removal of an eye ball heals in a couple of days, and the patient is then ready to resume his ordinary occupation.

How much better then, to treat a seriously injured eye as a condemned one, and by a speedy and painless operation under chloroform remove the lost and dangerous organ, and thereby not only save the patient much pain and a tedious convalescence, but put the remaining good eye out of all jeopardy from sympathetic trouble.

Recently a substitute has been offered for enucleation where the injured eye is still good looking. It is to cut off all nervous communication between the interior of this eye, and the rest of the body, so that the good eye will have no sympathetic association with the injured one. You have seen this operation of neurotomy performed, and have observed with what rapidity a most painful eye is rendered painless, and may still be retained in the head for appearances. For all good looking eyes, in which the destructive wound has carried away sight without marring the looks of the organ, the operation of ciliary and optic neurotomy offers a great comfort to the suffering patient. When however the eye is deformed then better remove it at once, and substitute an artificial one which will improve appearances and give comparatively no annoyance.

* * *

CLINICAL REPORTS.

Rectocele with Ulceration of Bowel and Paralysis of Spincter; Cured by Actual Cautery.—By Alfred Ludlow Carroll, M. D. (Univ. N. Y.) On the 8th of August, 1878, I was summoned to see a little girl, aged six years, whose parents had just brought her back to Staten Island from a summer tour in the interior of the State. The child had been subject to prolapse of the rectum on defacation, but the protrusion had always been easily returned and retained until within three or four weeks of the date of my visit. At that time, while at a mountain resort, she was attacked with measles, and, according to her mother's account, the attending physicians for some days despaired of her life. During this illness the rectocele increased and became permanent, the patient screaming at any attempt to reduce it. As soon as it was deemed safe to move her she was brought home by easy stages, but with much suffering. I found her blanched and debilitated by sickness and pain, lying with her knees drawn up, unable to bear the contact of clothing or change of posture. There was an eversion of the rectum forming a tumor about as large as a goose-egg, highly inflamed and encircled, close to the sphincter, by a broad band of ulceration. Except from the sensitiveness of the protruded bowel there was no difficulty in returning it, but the sphincter was so completely relaxed that I could pass two fingers up without encountering the least resistance, and the straining efforts of the child renewed the prolapse immediately. No retentive apparatus could be tolerated, and the only present resource was to order emollient applications, while endeavoring to bring the general strength up to condition for a surgical operation. At first I had contemplated the excision of radiating folds, as is often done in such cases; but on deliberation I determined to try the effect of the actual cautery, advocated by Guerrant many years ago. This plan met with the approval of my friend, Dr. W. C. Walser, who kindly officiated with me in the operation, and on August 18th, the child being fully etherized, several linear eschars were made longitudurally along the prolapsed gut at distances of about an inch apart, starting from as near as practicable to the distended sphincter. The tumor being then returned, four short radiating touches were made by the iron at the margin of the anus, and a greased compress and T bandage applied.

On visiting the patient again in the evening in the full expectation of a severe tax on my therapeutic resources for the relief of pain, I was agreeably surprised to find her sitting up and comparatively free from suffering. On the third morning, in spite of my intention to confine the bowels for several days, she had a formed evacuation, not only with very little pain, but without any prolapse, and the relief has since remained permanent with the exception of a slight and readily returnable protrusion at rare intervals when the bowels have been constipated.

The peculiar feature in this instance was the prompt curative action of the cautery, as I had anticipated only a gradual contraction of the cicatrices, such as usually results from burns. The absence of reverse pain is also noteworthy. Altogether, the case seems to warrant a commendation of this method as possessing advantages over other modes of operation.

* * *

LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., PHYSICIAN TO THE BALTIMORE THROAT DISPENSARY.

No. VI,

Laryngeal Chorea.—A most interesting article on this subject, by Schrötter, of Vienna, was published in the *Allg. Wien. Med. Zeitung*, No. 7, 1879.

The affection, as described by Schrötter and others who had written on the subject previously, presents a very striking and complex group of symptoms exceedingly annoying, and trying, not only to the patient but to those around.

The prominent symptom of the disease is a cough over which the patient has no control, and which is totally different from that observed in other affections of the air-passages. The cough may be either of a barking, howling ("henlendem"), or crowing character.

In certain cases of hysteria, such a cough may occur, and it is occasionally simulated, but in many cases it cannot be traced to either of these causes.

Bell observed, in a girl fifteen years old, a convulsive, barking cough, which occurred ten times per minute, and disappeared during sleep. It did not lead to any disease of the larynx. The disease lasted four weeks, and relapsed three times.

Romberg describes, under convulsive affections of the "nerves of voice," an abnormal tone of voice, which he thought was due to an "hysterical or epileptic condition."

He reports the case of a young woman, nineteen years old, who made a sound "like a saw mill," and so loud that it could be heard on the steps outside the house. He also mentions the case of a physician, sixty years old, who, in consequence of a complicated nervous affection, had occassional attacks of loud, bellowing coughing. A singular feature in this case was, that soothing influences, and especially music, had the power of preventing the paroxysms and lessening their violence.

Mandl described similar affections. More recently, Türck describes similar cases under the heading of "convulsive coughs," but Schrötter thinks it doubtful whether they were due, as Türck supposed, to disturbances of innervation about the larynx.

In these cases, irresistable paroxysms of coughing occurred, which were of short duration, and of a peculiar barking character. The larynx, trachea and bronchi were perfectly healthy.

Türk reports five cases—four of which presented precisely the symptoms of those observed by Schrötter.

Massei has reported three cases which he thought due to hyperæsthesia. His patients were aged, respectively, 24, 14 and 18 years, and they presented very slight or no laryngeal disease which could be detected. He considers the affection often incurable.

Geissler reports the case of a boy, 12 years old, who, after taking cold, had the characteristic cough, which was brought on whenever he attempted to pronounce words or syllables commencing with the letter H. Subsequently he suffered with general convulsions, with hallucinations and subsequent coma, attacks of which could be brought on by pressure or pinching of certain points.

Prof. Wagner, in Leipsic, thought the affection in this case a form of hysteria. Dr. Spamer, in Giessen, has reported a case of the peculiar cough occurring in a child a year and a half old after an attack of general chorea.

Schrötter himself has had eleven cases. They were all young persons, generally from 8 to 14 years of age, in whom, without known exciting cause or any other disease, attacks of coughing frequently occurred. The attacks came on every five or ten minutes when the patient was awake, and disappeared during sleep.

He proposes to call the affection *laryngeal chorea—chorea*, because the spasmodic contraction of certain muscles or groups of muscles occurs during the waking movements of the patient and disappear during sleep; furthermore, the patient has no control over the attacks. *Laryngeal* chorea because the most prominent symptoms have their seat in the larynx. Other groups of muscles in no way connected with phonation and respiration, are occasionally affected.

That the affection is a form of chorea is rendered further probable by the mimicry (nachamung), the relapses, the course of the disease, and the occurrence of other nervous affections in the same individual, or in members of the family.

Of the eleven cases seen by Schrötter, there were three boys and eight girls—one of the latter being 21 years old. All were of delicate constitution; two were anæmic. In some, there was a very slight catarrh of the larynx or trachea present; in others, this was absent.

Schrötter thinks the affection a motor-neurosis in the strictest sense of the term; but whether it has its origin in the central nervous system, he considers a matter of speculation only. The prognosis is favorable—all of his cases having recovered in from three to six weeks.

Relapses occurred, but they were always less severe than the original disease.

The treatment consisted in cold shower baths two or three times a day, the administration of quinine in large doses, and the application of the constant current.

Iron was given to the anæmic patients.—*Virginia Medical Monthly*, August, 1879.

A UNIQUE CASE OF COMPLETE PHARYNGEAL STRICTURE OF SPECIFIC ORIGIN.—Dr. Joseph Meyer reports the following interesting case, with an operation for the reilef of the same: A man, 33 years of age, had a chancre three years ago, followed by eruptions of secondary syphilis, which got well under mercurial treatment. For the past year he had no specific trouble of any kind, and no treatment, until, Dec. 25th.

He then began to complain of a sore throat, which, with ordinary remedies, got no better, but rapidly worse.

On the 10th January, he presented himself to Prof. Oertel, at his clinic, when, upon examination, the posterior wall of the pharynx, and sides of the pharynx and uvula were inflamed, reddened, and infiltrated; on the uvula beginning ulcerations were noticed, also on the surface of the tonsils.

At this time a gargle was ordered, and he was asked to call again in a few days.

Prof. Oertel having been called out of town on the 13th January, the patient did not again present himself 'till the 15th, when he was brought into hospital in a dying condition, almost suffocated, with intense dyspnœa, breathing long and wheezing, inspiration ten—twelve per minute, pulse almost imperceptible, surface of body cold, face and hands cyanosed, and almost voiceless and speechless.

Examination by Professor Nussbaum gave little satisfaction, simply showing an occlusion of the laryngo-pharyngeal space by a stricture, ulceration of the posterior pharyngeal wall in a reparative condition, uvula drawn to right pillar of pharynx and there attached; and perforation of soft palate.

What condition the larynx was in could not be determined; opening through which he breathed could not be seen. It was supposed that the ulcerative process had destroyed the epiglottis, and closed the upper portion of the larynx.

The indication was tracheotomy, which was immediately performed by Professor Nussbaum, with prompt relief to the patient, so that he was able to leave the hospital in a few days, after having been put on mixed treatment.

On the 25th January, he again presented himself to Professor Oertel for further treatment. Examination showed an almost complete stricture of the pharynx, a small opening, not even admitting a probe, a little to the left of the centre of the stricture, which formed a sort of lid over the larynx and œsophagus. Through this small opening the patient took food and breathed. Posterior wall of pharynx of an ash-gray color, presenting an arch-like appearence. No more ulcerations; soft palate perforated and uvula attacked to right side of pharynx.

Patient wore a tracheal tube; now only had occasional attacks of dyspnœa, with an occasional choking and coughing when he attempted to swallow quickly. He could only take liquid food, but sufficient to sustain him.

Opinion of Prof. Oertel was same as that of Prof. Nussbaum, that epiglottis was destroyed and upper portion of larynx was closed by the stricture.

Condition of vocal cords was not known; how larynx closed during deglutition for food and air passed through the same small opening —was not known. Meyer thought, and Professor Oertel agreed with him, that during the act of deglutition the base was lifted and drawn backward in such a way as to approach post-pharyngeal wall, bringing the small aperture over the œsophagus, at same time closing the larynx, the closure being aided by the aryteno-epiglottidean folds, which, although they could not be seen, were supposed present, as in cases of complete destruction of the epiglottis, reported by Bruns, Turck, etc. Its function was known to be replaced by those folds, and in Meyer's opinion aided by the tongue (base) approaching the pharyngeal wall.

Professor Oertel proposed to operate; to dilate the opening with a knife. Sounds were passed every other day to get the patient used to an instrument, 'till February 10th, when the first operation was performed.

An incision was made forward toward the tongue; bleeding was slight; he was ordered to gargle cold water. At this time it was noticed he could gargle much easier.

When he was asked if it pained him, he said, "only a little," so distinct that everybody present understood him, he having been almost voiceless and entirely speechless.

This operation was followed by two more on the 13th and 18th of February, two lateral incisions then having been made; opening would then admit a finger. Examination after second operation showed, to the astonishment of all present, that the larynx was perfectly intact, epiglottis was entire, vocal cords were normal. He could now breathe without the tracheal tube, deglutition was no more interfered with, and the patient rejoiced in the fact that he was again able to drink lager beer.

The principal points of interest in this case are the completeness of the stricture, its seat, the rapidity of the ulcerative process, the rapidity of the reparative process at the time without specific treatment, and the larynx being perfectly intact.—*Medical Record*, Aug., 23th, 1879.

EXTIRPATION OF THE LARYNX AND OF THE PHARYNX.—At the recent Congress of German Surgeons in Berlin, Professor Langenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although all his cases were unsuccessful.

The following are the steps of the operation:—First of all, tracheotomy, must be performed, and the canula of Trendelenberg introduced; then an incision is carried from the body of the lower jaw, midway between the symphysis and the angle, toward the greater cornu of the hyoid bone, and thence along the anterior border of the sterno-mastoid as far as the upper extremity of the tracheotomy incision. Next, the submaxillary gland must be removed, the lingual artery tied, the stylo-hyoid and the digastric muscles detached from the hyoid bone; the pharynx is then laid bare and can be dissected out, the larynx meanwhile being drawn to the opposite side.

The principal dangers to be apprehended are peri-œsophageal phlegmon extending into the mediastinum, and pneumonia from the introduction of foreign bodies in the air-passages. At the same Congress, Professor Billroth stated that six weeks previously he had removed from a woman, aged forty-two years, *the pharynx, the cervical portion of the œsophagus, the larynx, a part of the trachea, and all the thyroid gland*, for a cancer of the pharynx involving the posterior portion of the larynx.

He first performed a preventive tracheotomy, and nine days later proceeded to operate, after introducing the canula tampon of Trendelenberg. The incision was made along the anterior border of the sterno-mastoid. In the course of the operation Professor Billroth found that the tumor extended much further than had been supposed, and as he advanced, step by step, he found himself compelled to remove successively all of the larynx except the epiglottis, the upper rings of the trachea, a large portion of the pharynx, the œsophagus as far as the sternum, and the whole of the thyroid body. An elastic tube was placed in the œsophagus for the introduction of aliment.

During the first four weeks the patient did well the wound gradually contracting, and the elastic tube was then removed in the hope that the pharynx would unite with the lower portion of the œsophagus and form a permanent canal for the passage of food.

After the removal of the tube, however, deglutition was accompanied by suffocative attacks and vomiting, and the canal contracted, rendering the passage of bougies necessary. In the sixth week a false passage was made in the peri-œsophageal tissue. Pericarditis and death followed.

Kolaczek, of Breslau, removed a cancer of the posterior wall of the pharynx by a supra-hyoidean pharyngotomy, eight weeks before the Congress met.

The patient was still living at the date of the report, and was nourished through a tube placed in the œsophageal fistula. Kœnig of Göttingen, and Gussenbauer, of Prague, have also removed cancers of the pharynx, and, like Langenbeck, lost their patients from pneumonia due to the introduction of food into the lungs.

To avoid this danger, Thiersch has proposed the preliminary establishment of a gastric fistula.—*Le Progres Medical,* Aug. 30, 1879.

THE ETIOLOGY OF PARALYSIS OF THE CRICO-ARYTENOID POSTERIOR MUSCLES.—Ott contributes (*Prag. Med. Wochensch.*

No. 15, 1878.) an interesting case of paralysis of the posterior crico-arytenoid muscles, which was due to pressure of the posterior crico-arytenoid nerves.

A man, aged fifty-seven, had swallowed a large piece of meat, which had stuck in his throat for twenty-four hours, and resisted all his attempts to dislodge it. He had no pain, only slight dyspnœa, and was unable to swallow even a drop of water.

The next day he consulted a physician, who pushed down the piece of meat with a sound. The patient felt better directly, could breathe more freely, and was able to swallow. This state of things, however, did not last long; he again began to suffer from difficulty in breathing and swallowing, and was obliged to take only liquid food.

The voice had remained unaltered; but the patient was obliged to speak in short abrupt sentences, from want of air.

When examined by the writer, it was found that the false vocal cords, were slightly swelled, and red; there was a space of four millimetres between the arytenoid cartilages. The rima glottidis was partly covered by the vocal cords during inspiration and expiration; only an irregular triangular opening could be seen at the posterior end.

The left vocal cord was wider than the right, and did not move at all, while the right moved sluggishly. During inspiration, the vocal cords were approximated. The arytenoid cartilages did not move either during respiration or phonation.

The mucous membrane of the incisura inter-arytenoidea was swelled, and pale, and the color of the vocal cords a dingy yellow. The treatment consisted at first in faradization of the larynx, but it afforded no relief to the patient.

The dyspnœa increased, and became most severe even when the patient was perfectly quiet. It was noticed that the rima glottidis had become much narrower, the left vocal cord having advanced to the middle of the fissure; the right arytenoid cartilage was perfectly hidden by the left. As the patient could only swallow with difficulty, it was necessary to feed him through the tube. He lost his appetite, and was very much wasted, and reduced in strength.

At last the dyspnœa became so intense that tracheotomy had to be performed, to save the man's life. Immediately after the operation, the patient was able to swallow without any trouble, and continued to do so henceforth, The larynx presented the same changes as before the operation.

The patient had still great difficulty in breathing; the thorax, was immovable during respiration, and the inter costal spaces were drawn in. The vocal cords were immovable, and during phonation a space of about three millimetres remained open in the back part of the fissure. For this reason, the patient had to be dismissed with the canula in his throat, to prevent asphyxia. The author attributes the paralysis of the muscles which open the glottis to the pressure which the large piece of meat, that was firmly wedged in the pharynx during twenty-four hours, must have exercised on the crico-arytenoid posterior muscles and their nerves. His assertion is based upon the well-known fact that the conducting function of a nerve is entirely destroyed by pressure.

Thus, in the present case, the nerve having lost all control over the muscle it governs, the latter became paralyzed, and gave rise to the phenomena we have described. The difficulty in swallowing which increased whenever the dyspnœa became worse, decreased when the sound was introduced, and finally disappeared after tracheotomy, can only be explained by assuming the existence of a spasmodic stricture of the œsophagus.—*New York Medical Journal*, October, 1879.

LARYNGEAL PHTHISIS.—At the recent meeting of the British Medical Association, Dr. Morell Mackenzie read an article upon the above subject, of which the following is an abstract:—

1. Laryngeal Phthisis is due to the presence and subsequent breaking down of tubercles in the mucous and sub-mucous membranes. The tubercles, some very small, and some as large as a millet seed, are found imbedded in a reticular structure, filled with small, round lymphoid cells. This tubercular matter is sometimes deposited uniformly through the thickness of the mucous membrane, but much more commonly it is found in the most superficial layer of the mucous membrane, immediately beneath the epithelium.

2. Laryngeal phthisis is essentially a secondary phenomenon, occuring as a sequal to pulmonary phthisis. There is no evidence that any case of *primary* laryngeal phthisis has ever existed.

3. The disease is not due to the corrosive action of the sputa.

4. The disease is much more common among males than females. Out of 500 cases examined by the author during life, 365 were males and 135 females. In a hundred necropsies, there were 73 males and 23 females.

5. The most frequently present symptom of laryngeal phthisis is

impairment of the vocal function. In 500 cases the voice was impaired 460 times. Cough was a marked symptom in 427 patients. Dysphagia occurred 151 times.

6. The naked eye appearances of laryngeal phthisis, either during life or after death, cannot be absolutely relied upon, but pale pyriform swelling of the ary-epiglottis folds, and a pale, turban-like thickening of the epiglottis, are seldom met with except in laryngeal phthisis. More or less uniform thickening, with marked pallor, of the mucous membrane, and small scattered ulcers, are the characteristic features of the disease.

7. The prognosis is always unfavorable, the ordinary duration of life after the throat symptoms have become troublesome being from twelve to eighteen months.

8. The only treatment which is of any use consists in the employment of palliative remedies.

Where there is pain in swallowing, insufflation of morphia gives the greatest amount of relief.—*British Medical Journal*, August 23, 1879.

EXTIRPATION OF A RETRO-PHARYNGEAL GOITRE.—M. Bœckel, reports the case of a woman aged 25 years, who applied to him in November 1878, for the relief of a voluminous tumor in the right side of the neck, and of a second tumor situated behind the pharynx.

The first tumor made its appearance in 1875, but only commenced to grow rapidly in the early part of 1878. The respiration was not impeded. The skin of the neck was tensely stretched, but was of a normal color. The larynx was crowded to the left. There was neither pain nor fever, but the movements of the head were impeded.

A cyst of the thyroid gland was diagnosed and evacuated, but the retro-pharyngeal tumor was not affected by the operation. As the cyst soon filled again, a radical operation was performed in December. An incision, four and a half inches long, was made along the anterior border of the sterno-mastoid muscle under the carbolic spray, and the cyst was punctured with a bistoury, drawn out and removed. Ten ligatures were required to control the hemorrhage.

The retro-pharyngeal tumor was removed with the large cyst, and was found to be a cyst connected, but not communicating, with the larger cyst. M. Recklinghausen, who examined the cysts, believed that they were formed at the expense of the thyroid tissue. In January the wound had closed completely, and the patient was discharged cured.—*La France Medicale*, April 12th, 1879.

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

Regular meeting held October 21st, 1879 (Discussion on Dr. Chew's case of Puerperal Eclampsia).

Dr. H. P. C. Wilson, spoke of the extreme opposition to bloodletting. prevalent of late years. He favors its use in puerperal eclampsia at the beginning. He thinks the cupping and also the loss of blood during the labor both had a beneficial effect by relieving cerebral congestion. Four years ago he met with a lady who was so modest, that she refused to see him until labor set in. He was summoned at 8 A. M., and at 12 the os was as large as a quarter and very rigid. She now suddenly exclaimed, "O my head!" Chloroform was at once administered, and in a half hour afterwards the child was delivered naturally without a convulsion. One hour after delivery he left her in a good condition. Shortly after he left, she was seized with a convulsion which was rapidly repeated. Not knowing of the occurrence he did not see her for some hours, when he found several physicians present. Chloroform by inhalation was administered with only temporary effect, the convulsions recurring even while under its influence. Ten minims of Majendie's Solution were now administered hypodermically and repeated from time to time, without any recurrence of the convulsions after the first injection. A semi-comatose condition remained for several days and her vision has been affected ever since. There is no single remedy in Dr. Wilson's opinion as effectual in puerperal eclampsia as hypodermics of morphia, but general bloodletting, chloroform and morphia are the sides of a triangle, on which must rest all that is good in the treatment of this disease; each side lends strength to the others. Of course the prime necessity of emptying the pregnant uterus, at the earliest practicable moment, is never to be forgotten.

Dr. Williams had had a uniformly favorable experience in this disease up to three years ago, having never lost a patient; he then lost three in rapid succession. One of these was ascribed to reflex action, from an immense quantity of pickled beets, which the patient had eaten. The labor was over and the patient awoke from a nap complaining of sick stomach, which was supposed to be due to chloroform administered during the labor. She again fell asleep, and awoke with headache and nausea. Soon after she threw up her left hand suddenly, and went into a convulsion; which was followed by fifteen to twenty others, terminating fatally in spite of chloroform and morphia hypodermics, in twenty-four hours. This patient was not bled because she was anæmic, but an unsuccessful attempt was made to unload the bowels by croton oil, in gtt.ij, doses every two hours, until twelve drops were administered. There was an entire absence of any evidence of renal trouble. The other fatal cases were bled. He endorsed fully Dr. Chew's views with regard to venesection, and in the case reported, he thought the local bleeding had been beneficial, not only by its derivative action, but by the actual loss of blood, which was not inconsiderable (℥ x—xij,—in addition to that lost during the labor). The morphia treatment in these cases had been severely criticised, but it is rational by prolonging the good effects of the chloroform.

Dr. Chisolm said the best effects of local bleeding were through its revulsive action. In affections of the eyeball, we leech and cup the temples, the vessels of which are derived from an entirely different source from those supplying the eyeball itself.

Dr. Arnold said this discussion shows that bloodletting has again come into favor, a practice which he had always advocated in eclampsia due to uræmic poisoning. On the other hand it appears from the remarks of Dr. Chew that morphia is now commended in the same affection, although this drug has been considered particularly contra-indicated in cases where the eliminating functions of the kidneys are interfered with.

It is easily understood why morphia occasionally checks epileptiform convulsions, which are of a reflex character, and experience teaches that a certain proportion of puerperal eclampsias are of this nature. But the existence of albuminuria indicates a different pathology and requires therefore a corresponding treatment. At least such drugs should be avoided as diminish the renal excretion. He did not hesitate to say that Dr. Chew's employment of cups and chloroform inhalations was more than sufficient to overcome the deleterious effects of comparatively small doses of morphia.

Dr. Williams said that anything that would quiet the nervous system and temporarily allay its excitement was rational. Morphia, chloroform and bloodletting all act practically in the same way. Put the nervous system in a condition to bear the strain brought upon it by the labor and then your patient may get well. Nearly all recent writers recommend morphia. It seems rational to suppose that it would render the nervous system less sensitive to the irritation of the urea, or other causes producing the convulsions. Even if we admit the charge, made by Dr. Arnold, that morphia diminishes the quantity of urine, there is no valid objection to its use. The immense advantage gained by its sedative action upon the nerve centres, more than compensates for any temporary diminution of the urinary secretion. Theory and practice concur in the propriety of using morphia, combined with chloroform, and with blood-letting, general aud local.

Dr. Wilson thought the use of morphia just as philosophical as bloodletting and chloroform. Whatever controlled the circulation diminished the danger of irreparable damage to the brain, till time could be gained to remove the cause, on which the convulsions depend. Just as bloodletting and chloroform diminish vascular tension and cardiac force, so morphia by calming innervation and lessening the stimulus, will even more powerfully accomplish the same.

Dr. Cordell said that he had had last summer, whilst at the Jordan Alum Springs, a case of puerperal eclampsia, which in view of the discussion this evening, might be of interest. The patient was a lady's maid, black, unmarried. and aged 39 years Previous to the attack, she had suffered from severe ear-ache, and slight dyspepsia, but her uterine functions were said to be normal. The attack began at 9.30 A. M., August 10th, with a sudden and violent epileptiform convulsion, during which she foamed at the mouth and bit her tongue. This was succeeded by some stupor. Other convulsions followed, so that by 3 P. M., she had had six, and was now in a profound coma, form which she could not be aroused. So far she had taken about seventy grains of bromide of potassium, and chloroform had been administered during the attacks. Her lower extremities were enormously swollen with dropsy ; her face and upper extremities were free from swelling at this time, although they too became œdematous subsequently. Her breath was excessively ammoniacal and so foul that the disgusting odor pervaded the whole room. Her abdomen was enlarged and on auscultation revealed the fœtal heart ; the indications, afterwards confirmed, showed that she was somewhere near eight months gone. At 3 P. M., she vomited about four ounces of offensive greenish liquid. At the same time Dr. Cordell drew from her bladder about one-half ounce of strong dark urine, which on being tested by heat and nitric acid completely solidified in the test tube. Some of the urine was submitted to microscopic examination by his colleague

Prof. J. Staige Davis, of the Rockbridge Alum Springs (of whose assistance he availed himself,) but with a negative result. At 3 P. M., as she was entirely unconscious he injected per rectum, 40 grains of hydrate chloral, and repeated this dose every three hours, the chloroform being continued as before in the seizures, and on any sign of their approach. By thus watching closely and beginning the inhalation in time, he believed he had warded off many convulsions; when the latter were once established, and their onset was often so sudden as to preclude prophylactic measures, inhalation was rendered impossible by the tonic contraction of the diaphragm, which lasted during the whole spasmodic seizure. The beneficial effect of the chloral injections is seen by the following record:

Aug. 10th, 3 P. M.. injection.
Aug. 10th, 6 " "
(which was rejected and on immediate repetition again rejected.)
Aug. 10th, 9 P. M., injection.
" " 12 midnight "
" 11th, 3 A. M., injection.
" " 9 " "

Ang. 10th, 5:15 P. M., mild convulsion.
Aug. 10th, 5:55 " " "
Aug. 10th 7:45 P. M., severe convulsion
Aug. 10th, 8:00 " " "
" " 8:45 " " "
" " 8:50 " " "
" " 11:50 " convulsion.
" " 12 midnight "
Aug. 11th, 1 A. M. "
" " 8:10 " "
" " 5 P. M. "

On *second day* (August 11,) at 1 P. M. two drops of croton oil were given; at same time ℥ iij of strong dark urine, the entire accumulation of the previous twenty-two hours, were drawn with the catheter. At 5 P. M. just after the last spasm, a blister was applied to the nape of the neck. At 9 P. M., two drops of croton oil were again given, and at midnight there was a copious liquid operation, followed during the night by four others.

On the *third day* found her partly conscious; she had been up, and her pulse was 34 beats less than at 11 P. M. the night before. She was totally blind. She passed one-half gallon of urine at one time in the afternoon. In afternoon gave her ʒ ij of jaborandi leaves in infusion, but, whilst it caused copious salivation, it did not produce any marked diaphoresis. At 11 P. M. had her wrapped in wet sheet, wrung out of hot water, which caused some sweating, On the *fourth day*, œdema of face, fore arms and hands noted. Bitartrate potash ℨ ss every 6 hours ordered.

Her condition continued to improve, day by day, until the *seventh day*, when, although her nurse reported that she had *nine copious watery passages* during the previous 36 hours, and had passed her urine very freely,—she complained all day of frontal headache and pain in the left side of her face and ear, and at 7 P. M., had a convulsion, repeated at 7.30 and 8 P. M., when labor pains began. At 9 15 P. M., gave her, per orem, hydrate chloral gr. xx and bromide potash gr. xxx, repeating this dose at intervals of four hours. She had but one more convulsion, viz:

On *8th day*. at 1 A. M. At 9 15 A. M. the waters were discharged, and the child (a female), was born dead at 9.30 A. M., the vertex presenting first in the ordinary position. The placenta came away in ten minutes. The woman remained in a deep stupor all day.

On the *9th day*, during the day she passed three quarts of urine, containing 1-5 albumen.

On the *14th day*, whilst sitting on the chamber, she had a slight convulsion. Had given her a dose of epsom salts the morning before which had produced three actions; her urine too had been "very free." Urine showed 1-5 albumen. There was still some œdema of the feet and legs, and indistinctness of vision. Two or three doses of the bromide and chloral mixture were given.

On th *15th day*, she suffered severe pain in both ears, which proving rebellious to other and milder remedies, was relieved by the application of a small blister behind each ear.

On the 21st day, when attendance upon the patient ceased, the dropsy had entirely disappeared, and there had been no trace of albumen on repeated examination. She had now resumed her duties, but vision was still very defective. The patient was under observation about two weeks longer, without any unfavorable symptom.

Dr. McSherry spoke of the so-called typho-malarial fever, of which he had seen many cases recently. It is not distinctly typhoid, nor typhus, nor malarial, although there is no doubt a malarial element in it. He should be disposed to term it "typh-fever," after Chambers. Quinine will not break it up. A remarkable feature about it is the disproportion in the pulse and temperature (which was alluded to in a previous discussion of the subject,—see MARYLAND MEDICAL JOURNAL for February 1879); for instance: In one case the temperature was 103° F., whilst the pulse was 80, and this proportion continued for about three weeks. Once the pulse went up to 108, but the temperature was then 107° F.; with such a temperature as this we would have a right to expect a pulse of about 160. This patient recovered. He had heard of one case in which the temperature rose to 109° F., with a fatal result. In a case, occurring in a medical student, aged 24, when first seen the temperature was 102°, the pulse 92; the next morning, they were respectively 105° and 86. The highest point reached by the pulse at any time was 96, the temperature being at the same time 104 2-5° F. He read from a letter just received from Prof. Bartholow, of Philadelphia, in reply to one of inquiry upon the subject. Dr. Bartholow said that he had seen many such cases in Cincinnatti and that it was there called typho-malarial fever. He had obtained the best results from the following:

℞. Tinct. Iodini,
Acid, Carbolici, partes equales.
S. gtt. j—ij quartâ vel sextâ quaque horâ.

Quinine, he says, does nothing more than reduce the pyrexia. When diarrhœa occurred, he used liq. potassæ arsenitis (Fowler's) gtt. j and tinct. opii Deodoratæ gtt. ij—v, every four hours.

Dr. McSherry thought that quinine was wantonly wasted, under German authority; we have many agents which act better as antipyretics, that is for the immediate reduction of the pyrexia. In answer to the inquiry of a member, as to what these were, he mentioned nitrous powder and aconite as two among them. Quinine is too valuable a remedy in every sense, to be consumed by inappropriate use or misuse.

Dr. Morris read a paper upon the therapeutic uses of ergot, which concluded with the following summary:

1. Ergot is prescribed very wildly and frequently injudiciously.
2. Its powers as a general agent are not positively understood, and further clinical investigation and observation are necessary to give it its true place in therapeutics.
3. It exercises an unmistakable influence on the impregnated uterus during labor.
4. It has no influence over the non-gravid uterus, save when its muscular fibres are distended by foreign growths.
5. It has no power in a healthy subject to initiate labor or produce abortion.
6. Its administration in labor frequently endangers the life of the child, and the forceps are to be preferred as a means of delivery.

7. That whilst it exercises an undoubted power in controlling uterine hæmorrhage, the exact character of the cases in which this power is evidenced remains yet to be described.

MEETING HELD NOVEMBER 4TH, 1879.

Dr. H. P. C. Wilson reported a case of ovariotomy and exhibited a composite, multilocular tumor removed in the operation, which was performed November 3rd. The patient was 40 years old, the mother of nine children. She had had no miscarriage. Dr. Wilson found a large tumor of the right ovary, and principally upon the vaginal examination diagnosed pregnancy, advanced to within ten days of four months. This diagnosis was based chiefly upon the granular eroded appearance of the os uteri and upon the blue mulberry appearance of the vaginal mucous membrane. The patient, on the other hand, was certain she was not pregnant because she had always suffered from deathly sickness in all her previous pregnancies, and had had no sickness recently; there had been no fœtal movements perceptible to her; no fœtal heart could be detected, on repeated examination, nor had her family physician any idea of her condition. Coming from a malarious region, and being subject to intermittent fever she was put upon quinine in full doses. Before taking this, Dr. Wilson was summoned to see her one night, and found her suffering intense pain, but nothing like labor pains, and with the symptoms of general peritonitis. Relief was imperatively demanded Two plans presented themselves for consideration, the 1st, to tap her and let her go home; 2nd, to remove the tumor by an operation. There were several objections to the first measure; the composite nature of the tumor contraindicated it; it would be required several times during her pregnancy; its performance entailed risk to both mother and child, and he had lost one patient, after aspiration from general peritonitis These considerations induced him to prefer ovariotomy. The night before the operation gr. v of quinine were administered with a view to removing any malarial poison still remaining in the system, and also to counteract any tendency to nervous shock and 10 grains were given in the morning, five hours before the operation; compound licorice powder was also administered the night before to move her bowels. The incision being made through the abdominal wall in the usual manner, he was able by placing the finger of one hand on the fundus, and a finger of the other hand on the cervix, to verify the existence of pregnancy. She was now turned on her side, and the cyst tapped; the fluid removed from it was of a dark claret color, due to the admixture of blood. Adhesions were found between the tumor and the intestines, also with the omentum, and in breaking up the latter there was a good deal of hemorrhage. The pedicle was but ½ inch long, which rendered the use of the clamp of course impracticable; it was therefore transfixed by a needle armed with a double carbolized silk ligature, and being securely ligated and touched with sol. subsulph. of iron, was returned into the abdomen. The operation was performed at 1 P. M. on the 3rd, and the patient has done well so far, her pulse never having risen above 84 (except temporarily on the re-action following her recovery from the chloroform), nor her temperature above 99° F. She has had no nausea yet. She has only been permitted to have crushed ice and lime-wrter and milk (2 tea-spoonsful of the former, to 1 tea-spoonful of the latter), every two hours. Hypodermic injections of Majendie's solution, in the dose of ♏ x to xx have been repeated at intervals of seven and a half hours.

In answer to a question, Dr. W. said, that he had no fear of quinine in this case, having never seen it produce abortion, and being accustomed to use it liberally in pregnancy. He suspected the adhesions occurred at the time he found the patient suffering from symptoms of general peritonitis.

Dr. McSherry reported a case of facial neuralgia in a sailor at the University Hospital, which was relieved by croton-chloral in five grain doses. The attack seemed due to malaria, from which the patient had previously suffered, but quinine had no effect upon it nor was it at all benefitted by any other of the numerous remedies employed nor by the croton-chloral in smaller doses.

DrMcKew also reported a similar case, in which the same remedy in five grain doses twice daily gave immediate relief; the patient had taken everything else which he and other physicians could suggest without benefit.

Dr. Chisolm had used croton-chloral extensively in pains seated in the eye, and with excellent results. He employs gr. v to x doses, three times a day. The remedy is objectionable on account of its horrible taste and difficulty of solution. The best vehicle is glycerine.

Dr. Morris had tried croton-chloral in trifacial neuralgia without effect.

Dr. Chisolm spoke of a new method of liberating the lens from the capsule in cataract extraction, as introduced by Dr. Knapp. According to the methods heretofore used, the capsule was extensively opened from the front by making a large triangular laceration, through which the lens could easily be pushed. After its removal from the eye the posterior capsular wall kept the vitreous in place and gave a subsequent clear pupil. The only objection to this method is that the rubbing of the lens, in its escape, against the posterior surface of the irritable iris, and the irritation caused by the presence of any lenticular debris that may be accidentally left in the eye would frequently induce iritis with pupillary closure. This inflammation would some times lead to destruction of the organ. By the new method the capsule is opened at its upper edge and the lens slid out as if from the open mouth of a bag. The whole anterior capsular wall remains with its smooth surface protecting the iris from irritation, even if fragments of the lens are left behind. His experience, which now embraces about twenty cases for the past two months, confirms the statements of others that iritic inflammation is much less likely to follow upon this modification. In some cases, in which he expected iritis, especially in one accompanying a severe case of diabetes mellitus, there was not the slightest trace of iritic inflammation. The operation, while it seems to protect from this great danger, is not altogether a perfect method. In several of his cases he found that a little blood had gotten into the sac after the eyes had been bandaged and could still be seen as a blood-clot two weeks after the operation. Its presence may explain the clouding of the capsule which necessitates so many secondary operations in the hands of its inventor. In the old method of tearing up the front of the capsule, such an accident with its sequelæ could not have happened.

Dr. Chisolm also reported the case of a child aged 7 years, who had been brought to him in May last suffering from headache and nausea with loss of sight. The eyes were clear, pupils large and bright. The ophthalmoscope exhibited some wooliness of the right disc. In this eye there was no perception of light. In the left eye, with which he could see to get about, there were no intra-ocular changes. For want of more data, the case was called one of amaurosis from cerebral causes, and iod. pot. was prescribed. Recently, after six months interval, the case was brought back to him. Now the cause of the amaurosis was evident enough. Both eyes protruded markedly. The right was so prominent that when the expanded upper lid was raised, the optic nerve entrance seemed to be on a level with the root of the nose. In the slow protrusion the lids had developed so as to continue to cover the eye balls. When lifted, the eyes exhibited a perfectly normal appearance, with not the slightest injection. The bright eye ball was fixed and incapable of any lateral motion. The left eye had an external cast and could be still moved towards the temple. The media of each were still clear, and white discs indicative of atrophy were revealed by the ophthalmoscope. There was now no vestige of light in either eye. From the last visit, six months since, there had been no headache or nausea. For some months he had lost the power of smell. In thrusting the tip of the finger between the eye ball and rim of the socket, Dr. Chisolm felt a firm mass in all directions showing that the right socket was filled by a growth, which had so slowly thrust the eye ball outwards as not to affect in any way the nutrition of the cornea. On the left side, the nasal portion of the socket was lined by a similar growth. None could yet be felt towards the temporal side of the left orbit. The cause of trouble could now be easily made out A malignant growth had apparently started in the anterior sphenoid cells under the sella turcica, which in its earliest stage caused brain irritation and encroached upon the optic foramina squeezing the optic nerves to the destruction of sight. In its further development, the tumor had grown externally instead of encroaching further on the brain cavity; had gradually filled up the right orbit, then the nose and was now rapidly doing the same for the left socket. It promised in the future a frightful case of deformity. The little boy is a peculiarily bright child and indicates no mental obtuseness whatsoever, showing that the growth is strictly a face tumor.

Dr. Williams reported the case of a lady 45 years old, the mother of seven children, who fourteen years ago began to have attacks of petit-mal; these became more and more frequent until they occurred many times a day. In time attacks of grand-mal also appeared which likewise increased in frequency until when the patient came under care last summer, they occurred once a week. They came on between 2 and 4 A. M., and were very violent. Her intellect, naturally brilliant, was beginning to deteriorate. She had been under the care of the best neurologists in England, who, among other remedies had used electricity and bromide of potash, but nothing seemed to do her any good. She had been treated in this country with a like result. With but one exception the convulsions had taken place, at night and after sleep, Dr. Williams ordered the following:

℞. Potass Bromide, ℈j,
Tr. Gelsemii gtt., xx.

To be taken three times a day, and twice this quantity on retiring to bed. As already stated the convulsive attacks occurred invariably after profound sleep, coming on about 2 o'clock A. M. This fact, coupled with the further fact that the patient took no food after dinner until the next morning, induced Dr. Williams to suppose that prolonged abstinence from food increased the tendency to the convulsions. Acting upon this hypothesis he prescribed *a hearty meal to be taken at bed-time*, in addition to the increased dose of medicine, taken at the same time. After using this combination a few days, the convulsions ceased, and she had no more for two months, when they recurred on a neglect to take the medicine. On resuming the medicine they again ceased, and now four months have elapsed without their re-appearance, and there has been great improvement in her condition both mental and physical. In view of the failure of the bromide, when used alone, the benefit seemed fairly attributable to the gelsemium. Dr. Williams was induced to use this remedy in the case reported on account of its power of controlling the cerebral circulation. He combined with it the bromide on account of attacks of intense spinal neuralgia, for the relief of which hypodermics of morphia had been required.

Dr. Williams stated that he wrote a paper upon the use of yellow jessamine some years ago, advocating its importance in cerebral congestion, and in nervous pains dependent thereon, especially supra-orbital neuralgia. He was sorry to learn that his professional colleagues had not obtained such favorable results as he had, and could not account for such a disagreement except on the supposition that they had not used the agent in sufficient doses to obtain its full therapeutic value. He does not hesitate to say that fulness of the head or brain is controlled by the jessamine more promptly than by any other remedy.

Dr. McKew said the discrepancy of opinion to the value of yellow jessamine was remarkable and unaccountable. No modern remedy is more fully endorsed than this by some authorities; on the other hand others seem to have a terror of it. For the great majority of the profession it is one of the most useless drugs on the apothecaries' shelves.

Dr. Chew had formed an unfavorable opinion of it and been deterred from further use of it by his experience in the case of a lady suffering with trifacial neuralgia, especially severe about the frontal region. He gave her one dose of ℳ x of the tincture prepared by Andrews & Thompson of this city. It produced ptosis, vertigo and syncope, and the patient said she was satisfied if it were renewed it would kill her. Being persuaded to take another similar dose, the same effects followed, and she declared that she would take no more. The pain was not at all lessened.

Dr. Williams first used it in his own case for supra-orbital neuralgia. He did not hesitate to take a drachm at a dose. For purposes of experiment he had taken it in sufficient quantities to cause ptosis, dilatation of pupils and paresis of the legs. Ptosis indicates the limit of its safe use.

He related a case of tubercular meningitis, in a child under the care of Prof. Johnston, which was characterized by most piercing cries annoying all the inmates of the house. On his recommendation 15 drops of the tincture of jessamine were given every 4 hours; in 24 hours, the cries ceased entirely. To test the influence of the remedy, it was discontinued; the cries returned, to be again checked by a renewal of the jessamine. Of course it had no effect upon the ultimate result. He has used it with like results in other similar cases.

Dr. Chisolm thought Dr. Williams' colleagues were perhaps afraid to use it in the doses which he recommends. A gentleman to whom he administered ♏ij of the fluid extract in 1866 was rendered uncomfortable by it for 24 hours.

Dr. Cordell found it to relieve very promptly a case of supra-orbital neuralgia, brought on by riding across a prairie in a strong wind. He gave 15 drops every 2 hours.

Dr. Winslow said that an infusion of yellow jessamine has been long used as a domestic remedy in North Carolina for fever and various other disorders. It was popular in gonorrhœa. It is often difficult to get patients to take it on account of the alarming symptoms it produces, as ptosis, giddiness, weakness of limbs, &c. A patient of his took by mistake ℥j. of tincture, and it looked as though he were going to die; strange to say he shortly after repeated his mistake with still more threatening results; nevertheless he recovered.

Dr. Winslow regards it as useful in nervous palpitation of the heart.

Dr. Chew related the following case of poisoning by atropia: A young lady was taking a solution of quinine; at the same time her mother was being treated by atropia drops for an affection of the ear. Yesterday the young lady took by mistake after dinner ʒj of the atropia solution, containing ¼ gr. of atropia. At once the face became flushed and pupil extremely dilated. She was freely vomited by sulphate of zinc, and ♏ x of Majendie's solution injected hypodermically. Two hours after the accident her pulse was 132, and she was extremely faint and feeble. There was no need to repeat the morphia. With stimulants she gradually recovered.

Dr. Chisolm referred to a case where a gentleman took by mistake atropia instread of iodide of potash. In three minutes his face was scarlet and in twenty minutes, notwithstanding the use of emetics, he was insensible, and remained so for 24 hours.

Dr. Chisolm thought mistakes could be avoided by adopting the habit of specialists, and using rose-water as the vehicle, the association of rose-water with collyria being generally understood. It was probably from this association that it had come to be regarded as of local use in eye troubles. He would also prescribe it to patients in very small quantity, say a grain in a two drachm vial. In answer to a question, he stated that the solution he used in his office was of the strength of grs. iv to ℥ i of rose-water. He sometimes uses a solution twice as strong as this. He mentioned a case of a patient suffering with eye trouble who came to him with *a pint* solution of nitrate of silver, ordered by his family physician, which he had been applying with the result of producing extensive blackening of the conjunctiva.

Dr. McSherry related the case of a student, who from merely smelling a small vial of atropia passed around for examination by the class was so affected that he could not renew his studies for several days.

Dr. Chew mentioned the case of Dr. Beatty of this city who after an accidental dose of atropia suffered from impairment of co-ordinasion, with muttering delirium and inability to stand.

Dr. McKew thought such accidents could be avoided by prescribing a very small quantity of the solution. A patient would hardly be likely to take a drachm at a time out of a small vial containing but one or two drachms.

Dr. Winslow thought the same result could be attained by having the skull and cross-bones on the bottle.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

◆

BALTIMORE MEDICAL AND SURGICAL SOCIETY.

MEETING SEPTEMBER 17TH, 1879.

Society resumed its regular weekly sessions, Wednesday evening September 17th, after three months' vacation, the President, Dr. Wilmer Brinton, in the chair.

In alluding to the epidemic of Typhoid, prevalent in East Baltimore, Dr. Thos. B. Evans said it was found mostly along the line of sewers and the temperature, in his cases, ranged from 104° to 108°—always being highest in the morning.

Dr. D. W. Cathell said the disease was mostly confined to the section east of Bond street and attributed it to deposits of night soil and garbage.

Dr. Thos. B. Evans, leader of discussion for the evening, presented a paper entitled,—"Then and Now," in which he adverted at length to the origin of our medical societies, and the Medical and Surgical in particular, saying it was the first to hold regular weekly meetings.

The progress made by the profession, in the advancement of medical science, in the past twenty years was made the subject of special and extended discussion.

MEETING SEPTEMBER 25TH.

Dr. Jno. S. Lynch mentioned a case which he termed Intermittent Delirium Tremens in which patient indulged freely at night only and was sane during the day and delerious at night. Treatment consisted of chloral hydrate and tincture of valerian. Dr. Evans thought the intermission due to force of habit·

Dr. Cathell related a case of abcess of the limb of three years duration in which there was a fistulous opening. When probed, or when injections were used, blood passed with the urine, which was, also, at times, loaded with pus.

Dr. Jno. N. Monmonier reported a successful tenotomy of the "hamstring."

MEETING OCTOBER 8TH.

Dr. A. T Shertzer had recently had a case of Typhoid Fever, in a boy fifteen years of age, in which the pulse war as high as 160 per minute.

Dr. Cathell read a paper on "Varieties of Skill in Practice" and, in illustration, cited a case in which six practitioners agreed as to diagnosis but no two treated it alike. He dwelt upon the importance of at once knowing, how to manage, and act with, the different classes, met with by the physician, and of the effect, mental as well as physical, in administering remedies. Deprecated the habit of some practitioners of ordering costly medicines for patients in indigent circumstances, and particularly considered the great advantage of rendering medicines palatable especially in the case of children.

MEETING OCTOBER 15TH.

Dr. Monmonier reported a case of fracture of one of the cervical vertebræ.

Dr. Jno. Morris read a paper on "Embolism." Thinks it more common in the anæmic and in the primipera than in the multipera.

Dr. Hamill had seen, recently, a case of scarlet fever, in which the temperature varied from six to seven degrees within an hour.

MEETING OCTOBER 22ND.

Dr. W. W. Murray presented, for the inspection of the members, a calculus removed from the right tonsil.

Dr. J. J. Chisolm read a paper on "A new Operation for the Eye lost by Accident. It is a neurotomy formily adopted abroad in glaucomatous troubles. He had operated successfully six times in cases of eyes lost by accident, the pain and discomfort ceasing quickly after the operation.

MEETING OCTOBER 29th.

Dr. Monmonier reported a successful operation, by subcutaneous incision, in a case of abscess of the hip-joint in a child of six years. He presented a patient, who had only urinated by drops for three years past, upon whom he had successfully operated.

Dr. A. B. Arnold read an interesting paper on "Secondary Forms of Bright's Disease," and gave a report of a Vienna Hospital of 2443 cases occurring in 12 months' time, of which 33 per cent. were primary and 67 per cent. were secondary form. He said little is known of the etiology of the primary form. He gave as some of the causes phthisis, scrofula, valvular diseases of the heart, strictures of urethra, chronic cystitis, suppurative processes, inteperance and malarial cachexia. Thinks the disease developes itself during the progress of some other disease and recommends the opthalmoscope as an aid to diagnosis.

MEETING NOVEMBER 12th.

At a regular meeting of the Medical and Surgical Society of Baltimore, held November 12th, 1879, the following resolutions were unanimously adopted :

Whereas :—There have occurred of late several instances of unjust and unwarrantable prosecution of members of the Medical Profession, for alleged malpractice, with the evident intention of mulcting them for damages. We deem it advisable for the protection of the profession to urge upon them not to lend aid or countenance to any such efforts by unguarded expressions or opinions. Therefore be it

Resolved, By the Medical and Surgical Society of Baltimore, that as Physicians and Surgeons we will not aid, abet or encourage any proceedings favoring suits for malpractice against members of our profession who are in good standing.

Resolved:—That we will uphold the dignity and honor of the profession under all circumstances and support, and sustain its members when shadowed by unjust demands or assailed by unworthy asseverations.

PROF. A. B. ARNOLD, M. D.
DR. T. B. EVANS.
DR. J. J. CALDWELL.
Committee.

T. J. WARD, M. D., Recording Secretary.

MARYLAND MEDICAL JOURNAL

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

H. E. T. MANNING, M. D. }
T. A. ASHBY, M. D. } Editors.

SUBSCRIPTION $3.00 PER ANNUM, IN ADVANCE.

☞Contributions, from practitioners in good standing, invited; and advertisements, from reliable houses, solicited.

Address all communications to
MANNING & ASHBY, Proprietors,
No. 9 SOUTH CHARLES STREET.

BALTIMORE, DECEMBER 1st, 1879.

EDITORIAL NOTES.

A THREE YEARS GRADED COURSE of medical study, prior to obtaining the M. D. degree, is, we are pleased to see, becoming an accomplished fact. The sentiment of the profession is overwhelmingly in its favor and the medical colleges are slowly but surely accepting the position to which the educated portion of the society urges them. Within the past two months Bellevue Hospital Medical College and Detroit Medical College have issued circulars announcing that from October 1880, commencing students must study three years and pass annual examinations. Certain universities, Harvard, Pennsylvania, Syracuse, California, Michigan, Yale, already require this term of study, and the extension of the same to the medical colleges marks a new and positive advance for the profession.

That endowed institutions should adopt a system of instruction which may lessen the number of students in attendance, is only that which we recognize as proper provided the cause of education is thereby benefited, but we are so in the habit of looking upon a medical college as a place "to be made a doctor in," that any action tending to diminish the number of students, and therefore the college fees, causes unmitigated astonishment, and we most heartily extend our support and congratulation to the two colleges already referred to. It has always been, and is, so easy to start a medical college that the wonder is the number is so small. Then also the exacting cause need be but slight a little jealousy towards some brother, a desire to gain notoriety or reputation rapidly, when otherwise it would be won slowly, or perhaps a desire to supply that very, very common article "a want long felt." It may not be out of place to call attention to the fact, that five new medical colleges with proper Professors, Deans. Trustees, Clinics and Manikins, (students not yet heard from) have opened their first sessions this past October.

That all medical colleges owe their birth to such unworthy motives is not to be thought of for a moment, but no one can suppose that the many degree-granting medical institutions with which the face of the country is checkered are the legitimate results of intellectual progress or increased professional worth. Now as medical colleges live by the student's fees, and competition is active, short courses of study and easy graduation examinations are discovered to be useful, and thence is but a step to the so called beneficiary system of scholarships, theoretically for the purpose of assisting struggling young men to obtain a professional education, practically for the purpse of filling otherwise empty benches in the lecture room. And this has inaugurated a competition by cheap and poor education rather than by affording better facilities for acquiring knowledge, and insisting that the candidate for the doctorate shall avail himself of the same. This state of affairs, so unworthy of a learned profession, we fondly hope has brought about a natural reaction and in the circulars of Bellevue and Detroit we recognize some of the first fruits of a dawning era of medical improvement. There appears to be small doubt but that the first result of a lengthened course of study will be to diminish the number of students, to be followed by a class of graduates more competent to practice physic than under the present system, while remotely the survival of the fittest institutions for medical instruction. The surviving colleges will certainly have far larger classes than are seen at present and the sooner a medical school accepts the inevitable and improves its curriculum, the greater is the chance of its ultimate survival, for it will be firmly established when the period of severe competition arrives.

WE publish elsewhere a series of resolutions recently adopted by the Medical and Surgical Society of Baltimore, which we consider eminently wise and proper.

Numerous instances of unjust and unwarrantable prosecution of members of the medical profession for alleged malpractice are brought to our attention through the medical press.

There seems to be a growing disposition upon the part of the laity throughout our country to institute suits for damages for the most trivial matters. The object of these suits is two-fold. In the first place to avoid the payment of medical fees and, secondly, with the view of mulcting the medical attendant for damages by frightening him into a compromise. There are some members of the profession who, rather than be subjected to a suit for malpractice, would consent to a compromise of a fee, or of a small some of money. We have heard of cases of this character. This fact is taken advantage of by many unprincipled people instigated by unprincipled lawyers. The result has been that suits are almost daily entered against medical men in some section of this country. It is evident a remedy must be found for this shameful prractice. The resolutions adopted by the Medical and Surgical Society are in the right direction. The profession can put a stop to this practice by refusing to encourage such suits and by upholding members of the profession against whom such suits are brought.

It is seldom there is just ground for suits for malpractice, but when such ground does exists, the facts in the case should be developed by intelligent medical witnesses, and where a damage has been inflicted, through the negligence or ignorance of a medical attendant, a verdict should be found against the defendant. This verdict should only be commensurate with the injury inflicted by the malpractice.

It is the duty of the medical profession to uphold its own dignity, and throw around its members every aid and support when attacked by unjust demands.

No physician or surgeon should refuse to attend the summons to appear as a witness in behalf of an unfortunate brother practitioner when thus assailed.

We publish under the head of correspondence two communications upon the recent discussion of puerperal eclampsia by the Academy of Medicine, published in the November number of this Journal. These communications cover somewhat opposite grounds, and for this reason will be read with greater interest. We are pleased to see that the discussion of this subject has elicited a free and frank debate and that several of the readers of this Journal have entered into it. It is only by such expressions of opinion that all the facts relating to the pathology and treatment of eclampsia, can be brought out. We this subject a most important one and sincerely trust that its discussion will not be discontinued until it has been exhausted. Let each reader of this JOURNAL feel that he has an interest in these debates, and favor us with his views whether drawn from observation or reading. Only a few of our readers, comparatively speaking, are members of the Academy of Medicine, and therefore are not able to take part in the oral debates before this body of experienced physicians. However the pages of the JOURNAL are open to each reader, and communications can be addressed to us by correspondence. We ask our friends to take part in these discussions, and to forward to us for publication letters touching upon subjects of interest to the profession at large. We hope to have this subject continued in our next number.

THE SUPREME COURT, of Rhode Island, has recently decided that hospital corporations should be considered liable for failure to exercise reasonable care in selecting skillful, competent men as internes. This decision grows out of a case where suit for malpractice was instituted against a Rhode Island Charity Hospital, by a patient whose fingers were cut off by a circular saw. Hemorrhage was excessive, and was only controlled by the use of the tourniquet, which instrument was kept on for seventeen hours. The result was, the arm was amputated at the shoulder joint, the patient affirming that careless treatment, upon the part of the interne, had induced this result. The court directed the jury to give a verdict for the defendant, on the ground that a charity institution should not be made liable for negligence or unskillful treatment The case was taken to the Supreme Court with the above decision.

MESSRS. BATTLE & CO., of St. Louis, Mo., the leading chemists in the west, several years ago brought to the notice of the profession two preparations to which they gave the names Bromidia and Iodia. These preparations owe their therapeutic value to the salts of potash indicated by their respective names. In addition to the bromide and iodide of potash contained in each preparation, other ingredients are to be found which are given in the formula attached to each bottle. Bromidia is recommended as a valuable hypnoctic, and Iodia for its alterative virtues.

Numerous testimonials from different medical men have been brought to our notice extolling these preparations to a very high degree, as valuable substitutes for the bromide and iodide of potash uncombined. Whatever valuable properties these preparations possess must be attributed in great degree to the salts of potash.

The combinations with other agents, according to the formulæ of Messrs. Battle & Co., seem to be most excellent. They are worthy of trial, and we trust the profession will test them carefully.

KENTUCKY PENITENTIARY.—The Louisville Medical News states that two hundred and eighty-nine prisoners in the Kentucky Penitentiary, are down with diarrhœa, and that "this prison is the most disgraceful affair on top of the civilized earth." Dr. L. P. Blackburn, the present Governor of Kentucky, is a noble hearted gentleman, and philanthropist. He has already pardoned a large number of criminals to deplete this over-crowded and ill-conditioned prison house. This action upon the part of the Governor has drawn forth severe and unjust criticism from a certain portion of the political press of the state. The News very properly calls upon the profession throughout the state to aid the governor in his very proper efforts to mitigate the evil.

We are surprised that such a condition of things should exist in Kentucky. The state is free of debt, has a large taxable property, her citizens are noted for intelligence and refinement, and yet we are told by her own press that her penitentiary is filthy, overcrowded, and that misery, disease and death exist to an alarming extent. Such a condition of affairs should not be tolerated in a civilized community. We are glad to see that the Medical News has spoken out, and has urged the great body of medical men throughout the state to use their influence in correcting a shameful evil.

Governor Blackburn will receive the approval of all correct thinking people in the policy he has adopted of depleting the prison by executive clemency, rather than permit death to do the work for him.

DR. M. J. DEROSSET, one of the editors of the North Carolinia Medical Journal, has removed his residence from New York City to San Antonia, Texas. Dr. DeRosset at one time practiced medicine in this city, and during his residence here gained a number of warm friends in the profession. The writer of this notice enjoyed the privilege of being a member of the Doctor's Quiz Class, and has very strong impressions of his thorough and practical method of drilling students.

Dr. DeRosset is an accomplished scholar and physician. He has our best wishes for success in his new home.

Owing to a large amount of original matter, contained in this number of the Journal, we have been forced to omit the publication of book notices. We are in receipt of a number of new books, reviews of which will be found in the January number.

New Appointments.—Dr. J. F. McShane of this city, has recently received an appointment as Assistant Health Commissioner, and Dr. J. J. Sullivan has been appointed vaccine physician to fill the vacancy occasioned by the resignation of Dr. McShane from the latter position.

From A Private Letter received from Dr. W. C. Boteler of Maryland, we are informed that he has been very recently appointed, by the Commissioner of Indian Affairs, Surgeon at the Otoe agency, Gage Co, Nebrasca.

Dr. Boteler is a recent graduate of the University of Maryland, class 1878. His class mates and friends will learn with pleasure of his good fortune, and join with us in good wishes for his success. We extract the following from his letter, without his consent: "We have a friendly tribe, fine country and climate, and anticipate a satisfactory sojourn here. You may imagine our practice in an Indian wigwam differs considerable from the conveniences of practice in the elegant buildings and with the refined people of your city."

The Recent Meeting of American Public Health Association at Nashville Tenn., proved a grand success in point of numbers, and, it is said, in point of interest and valuable original matter. The meeting in 1880 will be held in New Orleans, La.

MISCELLANEY.

Anti-Neuralgic Properties of Gelsemium.—Dr. Cordes (of Geneva), read at the International Congress at Amsterdam, a paper on this subject. He has taken notes of fifty-four cases of neuralgia occupying different regions of the body. He has obtained results in forty-nine cases; in the rest, the remedy has had no effect or the patients have passed out of view,

The author thinks it is above all useful in neuralgia of the fifth pair, but its effects are always transient.

Neuralgia being most often a symptom, it is evident that Gelsemium cannot produce an absolute cure. The dose employed varied from 8 to 20 drops of the tincture of the leaves. As much as sixty drops may be given per day if the circumstances require it —*Gaz. Hebdom*, Oct. 19th.

In 1878, Massini employed the tincture of the root of gelsemium, in more than eighty cases of facial neuralgia, administering doses of 20 drops, at intervals of a half-hour. Usually the first produced some relief. 60 drops in most cases caused considerable relief, and even complete cessation of pain. The drug is rarely inefficacious in simple rheumatic neuralgia of the alveolar branches of the trigeminus, and so in the toothache, which follows occasionally plugging of the teeth and lasts several days. Massini observed a little heaviness about the head in a boy of sixteen, who took 60 drops, a quantity which he advised not to exceed, except with the exercise of a careful surveillance of the patient. Four times he saw supervene pains in the eyes, with a little ptosis and dilatation of the pupils. He has administered the gelsemium to patients for several consecutive days without any inconvenience. It is rapidly eliminated by the kidneys—*Gaz. Hebdom*, July 18th. from *Rev. des Sci. Med*,, April 15th.

We can usually judge whether a pruritus is due to trouble of the liver or not, by ascertaining whether there is a marked bitter taste in the mouth; if so, direct attention at once to the liver.

Always examine the urine for sugar in persistent case of pruritus vulvæ, and search for it again and again. In Diabetes it depends upon a plant of the yeast family, and is relieved by sulphite soda or carbolic acid. In obstinate pruritus with boils suspect diabetes.—Exchange.

SCHROEDER reports fifty ovariotomies, with forty-seven cures. All were done at the hospital, Lister's antiseptic method was invariably employed. In two of the successful cases, the patients were pregnant. In such cases the author recommends to operate in the first months in order to avoid the danger resulting to the woman from the co-existence of a ovarian tumor and pregnancy.—*Ber. Med. Woch., No. 1, 1879.*

PROPYLAMINE IN ACUTE RHEUMATISM.—Dr. Gaston, of Indiana, says that this agent will subdue the pain in 24 to 48 hours. Dr. Tyson, of Philadelphia, also recommends it where the salicylate of sodium is for any reason inapplicable. His formula is:

℞. Propylamin. Chloridi, gr. xxiv,
Aq. Menthæ, ℥ vj.
S. ℥ ss, every 2 or 3 hours.

Benefit was apparent in twenty-four hours —*Phil. Med. Times, and Indiana Journ. of Med.*

A CASE of hiccough of seven months standing, in a woman of 56, was relieved by jaborandi decoction. It had been almost continuous, and at the rate of 30 to 40 times a minute, with occasional short intermissions of a few minutes, It was relieved in two hours.—Ex.

Dr. E. H. JACOBS, in *Brit. Med. Journ.*, August 2nd, 1879, reports 87 cases of well-marked chronic articular rheumatism treated by sodium salicylate in gr. xv to xxx doses thrice daily. 61 derived more or less benefit from the drug, the remaining 26 experiencing no improvement. In comparatively few was the relief as speedy as that in the acute form. It is worthy of further trial.

CHLORIDE OF BARIUM IN INTERNAL ANEURISM.—John Flint, M. D., in same reports a case of abdominal aneurism at the age of 63, treated with gr. 1-5 to 2-3 of this agent with great success, after failure of rigid adherence to absolute rest, and Tuffnall's diet. The diagnosis was confirmed by several medical associates.

A CASE of facial neuralgia relieved by three 5 grains doses of croton chloral, after failure of all other drugs, is reported in *Phil. Med. Surg. Reporter*, of July 26.

The example of Prof. Syme is well worthy of imitation by writers of medical works. It is said that his books grew smaller instead of larger, with each successive edition.

DR. CORBETT reports in *Brit. Med. Journ.*, October 18th, a case in which a needle swallowed by a soldier was removed after 8 years from the interspace between the middle and forefingers of the right hand.

Dr. Ogle, in same traced an epidemic of diphtheria in the island of Anglesea, which he was sent to investigate, to attendance of those affected at the chapels. The evidence which he adduces seems to be very conclusive as to the correctness of the source ascribed.

Dr Hardwicke in same stated it as his firm belief, that nearly 100-000 lives were destroyed by alcoholic excesses in Great Britain annually.

Dr. Wm. Wallace, analyst to the city of Glasgow, in same, was led from curiosity to examine the composition of the coloring matter in playing cards. He found the green coloring matter on the backs of the cards to be due to the presence of arsenite of copper. A pack was found to contain nearly 1-5 ounce of arsenious acid.

DR. BURKLEY reports in *Archives of Dermatology*, October, 1879, two cases of syphilis supposed to have been contracted by means of cigars. The subjects were both physicians of intelligence and education who had devoted much time to the investigation of their cases, and excluded other means of contagion. Both had chancres on the lip, which were followed by constitutional manifestations relieved by specific treatment. He suggests as a prophylactic to those who use cigars, the use of the cigar-holder.

M. DUJARDIN-BEAUMETZ presented to the Society of Therapeutics, of Paris, a memoir typon the treatment of diphtheria by local applications of bromide potassium. Forty-two observations were made. The results were most satisfactory. Sometimes a solution of 15 to 20 grammes (4 to 5 drachms), dissolved in 100 grammes (3 oz.) of water and glycerine, were employed; sometimes the powder was applied to the affected parts by insufflation; sometimes the spray was used. The end proposed by this treatment was, first, to destroy false membranes, and then to aid in reconstructing the mucous membrane. M. Dujardin-Beaumetz added that the bromide possessed caustic properties, less energetic, however, than those of the chlorate.—*Gaz. Hebdom.*

THE effects, reported by M. J. Glax, of faradization of the abdominal muscles, in promoting the absorption of ascites and increasing the excretion of urine seem almost marvellous. In the five observations made, under this simple treatment, the quantity of urine increased in 2 to 3 days, or rather in the same day from 200 to 3000 grammes, from 70 to 800 grammes, from 2000 to 2400 grammes, respectively. The method consists in making all the muscles of the abdomen contract under the influence of feeble faradic currents. The sitting lasts from 40 to 50 minutes.—*Gaz. Hebdom,* October 3, from *Deutsch. Archiv. fur Klin. Med. t. xxij, p. 611.*

M. LEVEN reported to the Society of Biology, of Paris, a case of uræmic convulsions and coma, occurring in a young girl affected with albuminuria. The uræmic symptoms were relieved by the subcutaneous injection of 2 centigrammes (about $\frac{1}{3}$ grain) of pilocarpine. Improvement was manifested only after the third injection, the two first being without effect. The physiological effects of pilocarpine, salivation and sweating, were not even obtained.—*Gaz. Hebdom,* October 24th.

THE crayon of pure alum is employed by Magnus instead of copper sulphate in chronic and granular conjunctivitis. It is less painful, the results are perhaps more durable. Frankel has extended its employment with satisfaction to the diseases of woman. It dissolves rapidly in the uterus without exciting uterine colic. It renders good service also in abscesses of scrofulous glands.—*Gaz. Hebdom* from *Bresl. Ærtzl. Zchft.*

To Remove superfluous hair from the face, if localized and the hairs are few, remove each by tweezers, and insert a three-sided needle into the follicle (Bulkley); if more general, brush liquor potassæ and spirits wine, equal parts, over the affected parts carefully twice a week, washing well afterwards with soap.—*Brit. Med. Journal.*

Dr. Burkley, of New York, treats chancre with ½ grain of green iodide of murcury morning and night.—Exchange.

Four years of stedy are required for medical graduation in England, five on the continent of Europe, six in Brazil.—Exchange.

Atropia must not be used in glaucoma, and with care in pannus, H. Macnaughton Jones.—*Proc. Brit. Med. Asso.*

Dr. Lombe Athill said he had known death to follow in a few minutes a simple vaginal injection. The fatal result was due to the entrance of air into the uterus.—*Idem.*

MARYLAND
MEDICAL JOURNAL.

VOL. VI. BALTIMORE, JANUARY, 1880. NO. 3

ORIGINAL PAPERS.

FORCEPS IN TEDIOUS LABORS.

BY P. C. WILLIAMS, M. D., BALTIMORE.

(*Read before the Baltimore Academy of Medicine.*)

Mr. President:

Few subjects are more practical, or more important than the use of the Forceps. During the past few years the discussion of this subject has assumed new interest. Recent works on obstetrics, recent medical journals and transactions of medical societies are full of these discussions. The interest thus manifested, is my reason for bringing this subject to the attention of "The Academy." I shall attempt no review of the extensive literature of this subject. My object is to deal with it in a very practical manner, and to discuss it in the light of my personal experience. It seems to me that the great function of the medical profession is to relieve human suffering. When that suffering cannot be cured—it becomes our duty to lessen its duration, and its severity as much as possible. This principle applies with peculiar force to the practice of obstetrics.

Childbirth must be accompanied by more or less suffering. That suffering cannot be wholly prevented—but its duration and severity ought to be lessened as much as is consistent with the well-being of mother and child—I say, consistent with the well-being of mother and child.

Obstetrical cases naturally divide themselves into *three classes*, viz:

1. In which there is no risk either to mother or child. In this class the medical factor is "pain," and we are only called upon to decide how much "the duration and severity of that pain ought to be lessened." This question can safely be trusted to the discretion and the humanity of the practitioner.

The 2nd class involves danger to the child; without any serious or necessary risk to the mother. This class includes prolapsus of the cord; malpositions of the child, when the mother has good health, and a pelvis of proper proportions; and other complications which readily suggest themselves. Of this class I do not intend to speak.

The 3rd class involves danger, directly or indirectly, both to mother and child. This class includes "tedious labors," with their accompanying exhaustion, and numerous other difficulties; narrow pelves; deformed pelves; over sized child; serious malpositions of child; placenta previa; eclampsia; and other grave complications which it is not necessary to enumerate in this connection.

We see at a glance what numerous and dangerous complications are presented by this class. I shall confine myself to a brief and practical consideration of the first four of these complications, viz: Narrow pelves; deformed pelves; over sized child, and serious malpositions of child. All of these sooner or later resolve themselves into one of the various forms of "tedious labors." Therefore for practical purposes, we dispose of all of them when we carefully study the causes and treatment of "tedious labors."

What then is a "tedious" labor? The most practical definition I can give, is that it is a "labor" prolonged beyond a period consistent with the well being, or the safety of either the mother or the child, or both.

It is impossible to determine the *character* of a "labor" merely by the time, or number of hours ocupied in its accomplishment. The duration of the most normal and natural "labors" varies almost indefinitely. On this point every woman is "a law unto herself." Some women habitually have an extremely short "labor;" so short, that we have great difficulty in reaching them before its termination.

The "labors" of other women are habitually long. Yet they are accomplished without any difficulty, or unusual fatigue. In each of these varieties the "labor" is perfectly natural and simple; it is only a question of time.

There is another class of women whose "labors" are not only long, but are attended with great difficulty and suffering. The "pains" are frequently violent and long; and yet, in spite of all these active "pains," no progress is made in the expulsion of the child. Under the continuance of these ineffectual pains the woman becomes exhausted, nervous, anxious, and depressed in spirits This I would call a "tedious labor." Again we see women in the opposite condition. Instead of violent and continued "pains," we find them short and feeble, and wholly inadequate to expel the child. Under this tantalizing state of things the woman loses her patience, and becomes nervous, tired and depressed. This is another variety of "tedious labor." In these two varieties there is no mechanical difficulty in the way of the delivery. The woman simply becomes worn out mentally and physically; and sooner or later sinks into a condition of fatigue and exhaustion, which exposes her to dangers which a wise, humane physician would feel called upon to avert. In these cases, it seems to me that duty and humanity alike require us to interfere, and terminate this exhausting process with the *forceps*. Under these circumstances the period at which the forceps ought to be used will be determined not by the number of hours the "labor" has lasted, but by the effect produced upon the strength, and spirits of the woman. It is a question *not of time*, but of the effects produced upon the woman by the "pains" she has endured whether the time be long or short.

Let us now look at another variety of "tedious labor." In this variety the results are the same, but the cause is altogether different. We find the same suffering; the same violent and continued "pains," and the same fatigue and exhaustion. We find the head has descended fairly into the pelvis; but further progress is barred by a rigid perineum, or a narrow, inelastic vagina; or the head is detained, because the shoulders are so broad as to prevent their ready passage through the pelvis. In these conditions we find the head detained in the pelvis, and we wait in vain for its descent. As in the cases mentioned above, the woman's strength begins to give way under the fatigue of her exhausting, but ineffectual "pain." If we wait *long enough*, nature may accomplish the delivery. But in the mean time, our patient is broken down by fatigue and anxiety, and is consigned to a long and unsatisfactory convalescence.

Under such circumstances it seems clearly our duty to interfere and bring these cases within the principle enunciated at the beginning of this paper, and "to lessen the duration and severity of the pains" by the use of chloroform and the forceps.

In these cases the delay is caused principally by the rigidity of the vagina or the perineum.

This rigidity must be overcome before it would be proper to use the forceps. Without this precaution we expose our patient to grave danger of rupture of the vagina or perineum. The most rapid and easy method of removing this rigidity is to administer chloroform freely, and then, by constant, firm pressure by the hand upon the perineum you will readily produce sufficient dilatation to avert the threatening rupture. Having removed this difficulty, and finding the accomplishment of the labor still delayed, it becomes our duty to terminate it with the forceps. Fortunately the remedy is simple; for there is no difficulty in applying the forceps when the child's head is in the cavity of the pelvis.

This is not so easy however, in the variety of "tedious labor," to which I will now refer. In this, the delay is in the "first stage of labor," the difficulty occurs at the superior strait, the head cannot "engage" in the "brim." The "pains" are frequent, severe and exhausting; and yet no progress is made. Examination reveals a malposition of the child (of which I will not here treat); or it reveals a child so large that it cannot "engage," although the pelvis is normal in size and shape, or it reveals a narrow, contracted pelvis; a pelvis so narrow as to prevent the "engagement" of the head. The two latter conditions are essentially the same. In the one case, child is too large to enter the pelvis—in the other the pelvis is too small to admit the child—in either case progress is delayed by a disproportion between the child and the pelvis.

What must be done in such an emergency? Shall we wait an indefinite time, as some advise and practice, to see whether it is *possible* for nature to complete the "labor?" Doubtless it may be "*possible*!" If we wait *long enough*, nature may accomplish the birth; but it may be, and generally is, at the cost of the life of the child, and also frequently at the cost of pelvic inflammation, pelvic abscesses; vesico-vaginal, or recto-vaginal fistula; and other accidents which may, and often do terminate in the death of the mother. These dangers become urgent in the extreme if interference is postponed long after the rupture of the "membranes." Before their rupture the "soft parts" are somewhat protected from the constant pressure against the "brim." After the membranes are ruptured, this pressure is greatly increased and the danger of the sad consequences referred to above, correspondingly enhanced. In such a conjuncture delay is reprehensible; and, as already said, entails disastrous results upon mother and child. Interference becomes imperatively necessary.

The only question open to discussion is *when and how to interfere.* My own mind is very clear on this point. Interfere *early*; and interfere with chloroform and the forceps. How early shall we interfere? As soon as the "os uteri" is either dilated or *easily dilatable.* To wait for *full dilatation* would be dangerous. The "os" dilates very slowly, especially if the membranes have ruptured early, because the head cannot "engage," and consequently no pressure can be made upon the "os." The "os," however, can be rendered *dilatable* by warm douches or by Barne's dilators; or, still better, and more rapidly by the administration of full doses of chloroform. An "educated touch" will soon recognize the extent to which the "os" is dilatable. So soon as this is sufficiently accomplished the next step is *imperatively demanded.* Shall that step be "version" or the forceps? My own opinion and practice is strongly in favor of the forceps. I object to "version," because there is great danger of prolapsed cord, and sufficient pressure upon it to kill the child; and because *after* version is effected, the uterus contains nothing but the child's head and the placenta, and if the "pains" be violent, which they are apt to be by reason of the uterine stimulation produced by the "version," there is nothing to guard against compression of the placenta against the child's head; and this pressure is often sufficient to arrest the circulation and destroy the child. This accident happens oftener than we suppose, and is doubtless a frequent cause of death of the child when obstruction occurs at the brim. It may happen whether we "turn" or not; but "version" certainly increases the risk; and in order to obviate this danger, delivery must be accomplished with a rapidity that we cannot always commend. These objections apply to the child. I object again on account of the danger to the mother. A moment's reflection will show that after "version" the head can only be brought through the "brim" by *forcible compression of the head against the brim.* It is apparent that such pressure cannot be made, for any great length of time, without serious risk of injury to the "soft parts" of the mother resulting in fistulæ and abscesses, &c., already referred to. In other words, this pressure *produces* some of the very evils which our interference was intended to prevent. I make no reference here to the pain or "shock" produced by "version," because they are prevented by the use of chloroform, which I would certainly administer either while "turning," or while using the forceps. These seem to me valid reasons for rejecting "version." On the other hand, I would use the forceps, because there cannot be the same danger of prolapsed cord—because the presence of the child's body in the uterus tends to prevent the great pressure of the placenta against the child's head—because there is not the same urgent necessity for rapid delivery as when we "turn"—because we can control the advance of the child; we can deliver it rapidly if there be such necessity; or we can wait and facilitate the "moulding" of the head by compression with the forceps, and also by maintaining the head against the "os" we can contribute to its dilatation

—because the "moulding" is produced by the pressure of the forceps against the head, instead of being produced by the pres- of the head against the "soft parts" of the mother; and thus we avoid the great danger resulting from this pressure *after* "*version*," and finally because the compression of the forceps will diminish the head and not only facilitate its passage through the vagina, but will also afford great protection against rupture of the perineum. Many writers of high authority maintain that the forceps increase the danger of perineal rupture. My own experience is very satisfactory on this point, and I am perfectly assured that the *proper* use of the forceps affords great protection to the perineum. The protection is afforded not only by the compression of the forceps diminishing the size of the head; but by the *leverage* of the forceps enabling you to keep the head pressed against the pubis, and thus relieving the pressure on the perineum. I make this statement with confidence, because, if it does not sound boastful, I will state that after an experience of twenty-five years I have had only two cases of serious rupture of the perineum when I have used the forceps. These two cases occurred in primipara, one of whom was nearly 40 years old, of very delicate figure; and with an unusually small and rigid vagina and vulva—so small that it seemed impossible to deliver the child under any circumstances without rupture of the perineum. In the other case, the forceps were applied at the "brim," and after much difficulty the head was safely delivered; but the perineum was ruptured by the shoulders which were unusually broad. This accident was unexpected, and I am sorry to say that it might have been averted, had I realized the danger and delivered one of the arms before the shoulders passed the perineum.

The last form of "tedious labor" to which I wlll refer, is that produced by a *deformed pelvis*. Here the general symptoms are similar to those in the previous form, viz: Narrow, or small pelvis. These symptoms need not be repeated. Suffice it to say that a violent and painful labor, lasting a longer or shorter time, produces no appreciable progress, and examinations reveal a deformed pelvis. In the great majority of cases you discover that the deformity results from undue projection of the promontory of the sacrum, which shortens the conjugate diameter, and changes the ovoid of the "superior strait," into a more or less exaggerated kidney shaped outline. As a general thing we find that this change of outline occurs in the *plane of the "superior strait;"* below that plane, the diameters approximate the normal standard.

We see at once that the dangers of this deformity increase in proportion to the shortening of the conjugate diameter.

The shortening may be such as only to retard the labor, and afford no real obstacle to a satisfactory result.

If this shortening be considerable, we have the most serious form of "tedious labor," one that threatens the life both of mother and child. The degree of shortening consistent with the safe delivery of the child is hard to determine. Cases are reported of safe unaided deliveries, with a conjugate diameter of about three inches. Of course this will depend much upon the size of the child's head. But admitting a head of *average* size, the result of "labor" must be doubtful, and dangerous as soon as the conjugate gets below three and one-half inches. Shortening *below* that point must seriously endanger the child, and nearly always demands interference. Here arises a question that has caused active and earnest discussion. Shall we "turn" or shall we use forceps? In deciding this question I must refer to what I have already said about the danger to which version exposes the child in all tedious labors caused by narrow pelves, the same reasons apply here; and therefore I should *first* resort to the forceps. I think, as already said that they afford the best chance for the child, and for the mother. Should the forceps fail, we still have two other chances for the safety of the mother, viz: Version and craniotomy. I might refer to a case that came under my care last January. In that case I failed with the forceps, after persevering as long as I thought consistent with the safety of the mother. I laid aside the forceps, and then to my surprise and gratification delivered a living child by "version." In this case version proved better than the forceps. Nevertheless I am glad that I tried the forceps *first*, because it gave me *two* chances to save the child. Had I tried version *first, and failed* the forceps would in all probability have been unable to extract a living child. It seems to me that the forceps are much more *efficient* when applied in a vertex presentation, than they could be after version.

As a rule, if version be tried first in cases of deformed pelvis, and fail, the alternative must be craniotomy in order to save the mother.

Failure of the forceps, on the other hand leaves the alternative of version. For these reasons I use the forceps as a primary resort, leaving version as the alternative.

Having thus determined to use forceps how shall they be applied? Must they be applied to the *sides of the head*, as recommended by some writers of ability and experience? If this mode of application were practicable, it would undoubtedly be the scientific method.

In almost every case of deformed pelvis the head presents *transversely*. If we could apply the forceps to the bi-lateral diameter, we would diminish that diameter and greatly facilitate the descent of the head. Theory certainly indicates this mode of application. But is it practicable? I confess that in many cases, I would be unable to do it. It may be want of skill on my part. If so, I plead guilty, and admit that I could not do it in some of the cases that have come under my care. During the last five years I have applied the forceps forty-five (45) times. I limit myself to the last five years, because I have no exact data prior to that time, I also exclude consultation cases and restrict myself to those cases which I attended throughout. Of these 45 applications, twenty-one (21) were in primipara, and of these, twelve (12) were made at the superior strait. In many of these cases I could not apply the forceps to the bi-lateral diameter. The truth is I have not had much choice, but have been compelled to apply them in whatever way I could. I have applied them in the axis of the transverse diameter of the pelvis. So far the results have been very satisfactory. In the forty-five cases referred to, I have had only *four still births*, and two of those were premature, and were dead before "labor" began; leaving two that died during the progress of the "labor."

In one of these forty-five cases there was left a decided scar on the left side of the forehead. In that case the forceps were applied in the fronto-mastoid diameter, and the *traction and compression* necessary to accomplish the delivery was almost incredible. Yet no injury was inflicted upon the mother nor upon the child, except the scar referred to. In only *one* of the forty-five cases did the forceps fail to deliver the child. In only *two* was there injury inflicted upon the mother, and that was serious rupture of the perineum. In no case did the mother die.

So far then as my own experience extends, the forceps are a safe and efficient means of shortening "tedious labors."

Experience teaches me that the earlier the forceps are used—the safer it is for mother and child.

Their early use protects the child from the dangers of the continued pressure incident to "tedious labors;" while it saves the mother from the exhaustion and suffering of a long labor. My experience further proves that we need never hesitate to use whatever traction and compression may be necessary to effect the delivery. On this point I think that the teaching of our authors is much too timid.

In all cases of narrow, or deformed pelvis the forceps would be useless, unless they were used for compressing the head. In such cases the size of the head must be reduced before it can pass through the contracted pelvis. As already shown, this reduction can only be made by the compression of the head against the sides of the pelvis through the "soft parts" of the mother, or it must be made by the compression of the forceps. The first mode endangers both mother and child, the latter threatens only the child. Therefore the compression of the forceps is much the safer mode of assisting the "labor." So also *traction,* more or less powerful, must be made in order to bring the child through a narrow pelvis. Traction cannot be made without corresponding compression to prevent the slipping of the forceps.

Therefore traction, and compression must be proportioned to the difficulty to be overcome. Experience shows that they are perfectly safe provided that due caution is exercised in the direction of the traction. Traction to be safe, as well as efficient, must always be made in a line, as near as possible, perpendicular to the plane through which the head is passing during the traction. With this precaution always in view, I have no hesitation in using whatever compression or traction may be necessary to effect the delivery. All that I have said under this last head is confined to "tedious labors" produced by deformed pelvis, with conjugate reduced to about *three inches.* I would like very much to speak of those cases in which the conjugate is reduced below *three inches*, but I have already taxed your patience so much that I forbear. I will only say that the danger to the child increases rapidly as the conjugate diameter is reduced below *three inches.* The point is soon reached when this danger extends to the mother as well as to the child. These cases always demand prompt assistance, and it becomes a grave question to decide whether the *primary* assistance should be rendered with the forceps or with " version. As already said, it would require more time than I have at my disposal to discuss this question. Much may, and has been said on both sides by many experienced writers and teachers, to whom I must refer those of you who desire to pursue this investigation. My own experience shows that the application of the forceps becomes difficult in proportion to the narrowing of the conjugate diameter. It often requires all the skill we can command to apply them ; and after applying them it is often very difficult to make traction in the proper line because the forceps must assume such an oblique direction as to throw the handles firmly back against the perineum. This may be carried so far as to compel us to relinquish the forceps, and resort to version ; which then becomes the alternative of craniotomy. This is readily seen by a very simple illustration.

Here I must close, with a caution, which I think it wise to observe in every case where the forceps are applied at the "superior strait, viz : Always insert the hand, or at least the extremities of the fingers, *into* the os uteri before you introduce the blades of the forceps. This gives you an infallible guide, and is a great protection to the mother. My own experience, as well as my reading, proves beyond all question that craniotomy becomes rare in proportion to the promptness with which we resort to the forceps or to version.

During the past five years I have not once been driven to craniotomy; although I have encountered some cases of "labor" that were very difficult to conduct to a successful issue.

All that has been said of the use of the forceps within the uterus, is based upon the supposition that the practitioner understands the application of the forceps, as well as the objects to be accomplished by their use. Any instrument which is powerful for good when rightly used, becomes equally powerful for evil if used improperly. In experienced hands the forceps are a boon unspeakable, and the savior of many lives. In the hands of the ignorant or inexperienced, they are a certain means of injury or death.

SOME AFFECTIONS OF THE UPPER AIR-PASSAGES.

BY SAMUEL JOHNSTON, M. D., BALTIMORE, PHYSICIAN TO THE BALTIMORE THROAT DISPENSARY; FELLOW OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

The laryngoscope has become a *sine qua non* in practical medicine, and the profession are daily availing of the specialist in this department of medical science. It occurs to me, therefore, that it will not be superfluous, considering the prominent place which this instrument holds as a means of diagnosis, and aid to treatment in affections of the upper air-passages, to report a few cases of laryngeal and nasal disease—I have thus chosen such cases as, I think, will be especially interesting to the general practitioner.

Case 1. *Papillomatous Growth on the Right Vocal Cord.* Mr. J., aged 53, a builder by occupation, consulted me some time since, for dysphonia of nine months duration.

His business required constant straining of his voice, and frequent exposure to the vicissitudes of the weather. For two years past his voice has been gradually failing him; but not until the last few months has he become almost completely aphonic. He has a croupous cough, and a "constant feeling of obstruction in his throat." When I first saw him, it was with difficulty that he could make himself understood. Talking was painful, but he had no dyspnœa or difficulty in swallowing. His general health was excellent.

The laryngoscopic mirror, revealed a papillomatous growth the size of a small raspberry, pearly white in appearance, situated upon the right vocal-cord, occupying its free edge, and to a certain extent its under surface.

On inspiration, the tumor floated freely in the trachea, being pushed downwards by the thickened ventricular-band; but on attempted vocalization, the growth projected across the glottis. The whole of the laryngeal mucous membrane was in a state of chronic catarrh. After educating the throat by the daily introduction of the mirror and laryngeal sound, I was enabled in the course of a few days, with Mackenzie's forceps to remove one-half of the growth, and at a subsequent sitting two days later, I succeeded without difficulty, in removing the whole of the remaining portion.

A slight amount of laryngeal hyperæmia followed the operation; but this was soon reduced by the vapor benzoin, and mild astringent sprays. A month after the removal of the growth the voice was fast regaining its former clearness, and would have been completely restored, but for the thickened ventricular band which prevented the free vibration of the vocal cord on the corresponding side.

Case 2. *Tertiary Syphilitic Throat, with Stenosis of the Larynx.* E. B., female, 43 years of age, was sent to me by Dr. Riggen Buckler, in February, 1877.

I could get no history of a primary syphilitic lesion; but for several years she had suffered at times from sore-throat, and a husky voice. When she consulted me, her voice was almost extinct, respiration was much embarrassed, attacks of laryngeal spasm increasing her distress, and she swallowed with great pain. Upon laryngoscopic examination, the soft palate was seen to be firmly united to the posterior pharyngeal wall, a small opening alone being left at the site of the destroyed uvula. The cicatricial tissue was firm, tense, and glazed in many places. The laryngeal mucous membrane was deeply congested, and the neighboring parts much swollen ; the glottis was nearly closed and covered with tenacious mucus; the vocal cords were completely destroyed, and the ventricular bands showed evidence of former ulceration.

A large ulcer, covered with a grayish colored deposit was situated at the base of the right arytenoid cartilage; the epiglottis was twisted upon itself, but had escaped the destructive process.

Although tracheotomy was imminent, I decided to try first the iodide of potassium. Twenty-five grains of the salt, with three grains of the carbonate of ammonia, in a decoction of bark was therefore ordered every four hours. She was also directed to inhale vapor benzoin every hour, and to take plenty of liquid nourishment. The ulcer was touched with a solution of the sulphate of copper, and the neck over the thyroid cartilage and neighboring parts was painted with the tincture of iodine.

By the fourth day the distressing symptoms had greatly improved. The iodide of potassium was now reduced to ten grains four times daily, and the other medication was continued.

At the end of the second week the tumefaction about the larynx had quite subsided, and the ulcer at the base of the arytenoid cartilage had healed. She could swallow without inconvenience, and she was in all respects very much better. Antisyphilitic treatment was continued for some months, when she was quite well. The voice was good—though gruff in tone; the larynx was healthy, but showed clearly the ravages of the disease.

A recent writer upon tertiary affections of the larynx, says,—"Tertiary affections of the throat are extremely commmon, and, when not treated they occasion loss of voice and difficulty in deglutition; and there are few cases where the practitioner is more liable to allow grave aud irreparable evil to ensue if he mistakes the disease, or does not know how to apply a timely remedy to it."

CASE 3. *Acute Laryngitis Caused by the Inhalation of Coal Dust.* L. H., 16 years of age, a robust servant girl, was taken ill in February of this year.

Having become quite suddenly hoarse, with accompanying febrile symptoms, the family physician was sent for. The age of the girl, and the fact that she had never menstruated lead the doctor, in the first instance, to regard the case as one of aphonia, partially of a hysterical and partially of a catarrhal nature.

The symptoms, however, not yielding to the usual remedies; but on the contrary, gradually increasing laryngeal obstruction becoming evident, I was requested to see the case.

When I saw the girl her voice was reduced to a whisper, and her breathing labored, especially on inspiration; the prolabiæ were livid, and the whole countenance showed evidence of the insufficient oxygenation of the blood. Add to these objective symptoms a croupous cough, a frequent pulse, a skin freely perspiring, and a dry mouth and tongue.

Upon interrogating the patient, I found that the day previous to the beginning of her attack, she was in a damp cellar sifting coal ashes, and was for some hours exposed to the dense volumes of dust arising from this process. Examination with the laryngeal mirror showed a pharynx, normal in all respects.

The epiglottis, ventricular bands, vocal cords and surrounding parts in a state of hyperæmia, much swollen, and covered with a thin layer of tenacious mucus.

Below the vocal cords was seen a grayish colored mass, resembling false membrane, firmly adhering to the under surface of the vocal cords, and tracheal wall, and, by its quantity and particular situation greatly obstructing the entrance to that tube. An oval opening about the size of a small quill, with irregular edges was seen in the centre of this mass, through which alone respiration was carried on.

Her condition was critical, and I feared tracheotomy, not so much from the obstruction in the trachea *per se* as from the attacks of laryngeal spasm which frequently attend inflammatory conditions of these organs.

She was directed to inhale an atomized solution of the chloride of sodium, with a few drops of carbolic acid added.

After inhaling some drachms of this solution which had the effect of softening the deposit in the trachea, she was urged to cough violently. The mass was in this simple manner dislodged from its attachments and expelled. The dyspnœa was at once relieved, and the voice restored. The patient was ordered in bed, and in addition to ice to suck, a mixture of tr. aconite rad; vin. antimonii; in liqr. ammon. acetat. was prescribed. From this time her condition steadily improved. The deposit was not reproduced, and the laryngeal and tracheal hyperæmia which remained, soon yielded to astringent sprays, with the complete restoration of the normal function of the larynx.

Under the microscope, the mass expelled from the trachea was found to have some resemblances to a pseudo-membrane, and loaded with minute particles of coal dust.

CASE 4. *Retro-pharyngeal Abcess.* I was consulted by Mrs. M., concerning her baby 12 months old, whom she stated had great difficulty both in respiration and deglutition.

The child was strong and well until two weeks ago, when after taking a severe cold she noticed that his neck was stiff, that he nursed badly, and snored much while sleeping. When I saw the child, his breathing was very much embarrassed. Fluids taken into the mouth regurgitated through the nose; and he had lost much flesh from inability to take his accustomed quantity of nourishment.

There was no evidence of any disease of the vertebræ. On looking into the child's mouth, I observed a bulging forwards of the posterior pharyngeal wall, but not sufficient to account for the severity of the symptoms. Upon digital examination, however, I felt quite a large swelling, which imparted to the finger a distinct sense of fluctuation extending upwards behind the tonsil and downwards as far as the base of the epiglottis, which was pushed to one side by it. There was also a swelling externally at the angle of the jaw in front of the sterno-cleido-mastoid muscle on the corresponding side. Remembering the danger of opening an abcess in this situation, especially in so young a child, in the usual way; it occurred to me to perform the operation in the following manner:

Taking an ordinary tonsil bistoury guarded to within the ⅛th of an inch of the point, and steadying the swelling between the fore and middle finger of my left hand I punctured the abscess as high up as possible, and immediately inverted the child; I then passed my fore finger into his mouth and made compression on the abscess from below upwards, the contents of the abcess escaping from the child's mouth into a vessel held by an assistant. The quantity of pus evacuated was about one ounce. The child now breathed with ease, and swallowed without difficulty.

Several weeks later there had been no re-accumulation of the pus, and the health of the child was completely restored.

CASE 5. *Abcess of the Nasal Septum.* Miss B., aged 25, was in good health, she states, 'till February, 1878, when one morning she noticed that her nose was inflammed, and she had a chill, followed by high fever. The family physician was consulted, and her affection diagnosticated erysipilas; the usual remedies in the treatment of this disease being prescribed. With time, the whole phase of the affection was changed, and I was asked to see the case five days after the beginning of her illness.

The physiognomy of the patient was peculiar. Her nose, face, and eye-lids were greatly swollen, deeply reddened and pitted upon pressure.

Protruding about the ⅛th of an inch from each nostril was a polypoid mass—fluctuating upon palpation, attended by a muco-purulent discharge. The patient complained of a throbbing pain in the parts and dull frontal head-ache; the conjunctivæ were congested, and there was a constant overflow of tears in consequence of the temporary closure of the nasal ducts; hearing was also impaired, and the voice had a nasal twang. Examination with the mirror, showed the nasal mucous membrane deeply congested and much swollen.

Protruding about the ⅛th of an inch from each nasal orifice was a mass so extensive in size, as to completely occlude the nasal passages. The soft palate was inflamed as was also the pharynx.

Rhinoscopic examination revealed tumefaction of the mucous surfaces in the post nasal space, and (the case being an unusually favorable one for rhinoscopy) the abcess was seen arising from the nasal septum, at the junction of the osseous and cartilagenous portions, projecting forwards. The abcess was opened, a free discharge of pus and blood giving, at once, great relief to the intense pain which the patient was suffering. Warm anodyne applications were made externally, and a solution of borax and carbolic acid, in tepid water, was injected through the nostrils every few hours. Quinine and iron were ordered, with beef tea and milk.

The patient made a satisfactory recovery from the acute symptoms. But necrosis of the nasal septum followed, the cause of which it was subsequently ascertained, was due to specific disease.

REMARKS ON VETERINARY MEDICINE.

BY W. STUMP FORWOOD, M. D., DARLINGTON, MD.

(*Read before the Medical Society of Harford County, Md.*)

Gentlemen:—The few remarks that we delivered before this Society one year ago, upon the Resolutions we then offered, regarding *Veterinary Medicine*, although very briefly, and very imperfectly reported, nevertheless attracted unexpected attention rom parties specially interested in the various domestic animals, from students, or young men contemplating the study of the diseases of the inferior animals, and from a leading Veterinary College,—the Columbia College, of New York. We received several letters on the subject from different sections of the country, —chiefly letters of inquiry as to studentship, and as to the best institution for obtaining a veterinary education.

This interest, excited by so few remarks, shows that the subject is one that the public is now beginning to regard with sentiments of serious consideration. The time has past when the obloquy and ridicule brought upon the title of "Horse-Doctor," by ignorant pretenders, can continue to keep aloof the intelligent seekers after truth from the wide, and unexplored domain of Veterinary Medicine.

The whole subject has hitherto been brought in disrepute by the gross and cynical ignorance of those who professed its practice; and who have inflicted incalculable injury and suffering upon the helpless dumb brutes that they pretended to relieve.

The day and the hour is at hand when this midnight darkness, which in past ages has wrapped in gloom the diseases of the lower animals, must be dispeled, and those diseases be brought within the light of day. The *moneyed* interest that men now hold in animals, throughout the world, is almost beyond computation; and *money*,—the great main-spring that moves the affairs of men, will now be brought to bear for the preservation of the health and lives of our animal wealth. The people,—and *all* are interested in some degree,—each possessing a dog, or a pig, if nothing else,—now demand *educated veterinarians.* They see no reason why the same amount of ability and of study should not be applied to the detection and cure of the diseases of domestic animals as that now devoted by such a vast army of disciples to the diseases of the human family.

The presumption is that the opprobrium, before mentioned, as being cast upon the profession by the ignorant, has been the chief cause in deterring young men of good talents from entering this field,—a field yielding an abundant harvest, and yet with but few reapers to secure its golden grain.

We are indebted to the Hon. John Carroll Walsh, of this county, a gentleman well known throughout the state, and who is himself a highly successful breeder of fine stock, for several copies of papers containing articles by different writers on the subject of Veterinary Medicine.

We particularly refer to one paper, furnished us by Col. Walsh, "*The Turf, Field and Farm,*" published in New York. The number for September 5th, 1879, contains a very able and exhaustive essay, which was "Read before the New England Agricultural Society, Worcester, Massachusetts, By F. S. BILLINGS, M. V., of BOSTON, the first American graduate of the Royal Veterinary Institute, of Berlin, Prussia."

Dr. Billings has certainly entered deeply into the research of the early literature relating to the subject of Veterinary Medicine and Surgery, which shows remarkable talent in that direction, and commendable industry on his part.

He makes Scriptural references, and states that,—"The Books of Moses tell the students of the Bible of the numerous animal plagues with which Jehovah punished the Egyptians;" and adds: "These laws warrant us in assuming that the Jewish priests of those early days were well acquainted with the lesions which disease made on animal organisms. He also affirms that Æsculapius is said to have treated diseased animals as well as man. Dr. Billings adds that,—" Hippocrates who lived 460—377 B. C., the father of medicine, and the compiler of all the knowledge upon this subject up to his time, has left records of no mean degree of knowledge of the diseases of domestic animals."

"Aristotle, 384—322 B. C.," continues our author, "the mightiest intellect which graced the earth from History's beginning until long after the reformation, and whose work will ever remain a wonder of human achievement, has given us wonderful records of comparative anatomy, and mentions some diseases of the animal world."

Dr. Billings, in this connection, also mentions the names of those great lights of antiquity, in the early history of medicine: Celsus, Galenus and other Roman medical men; he quotes from the "Georgics," of Virgil; refers to the writings of Cato, Varus, Columella and Vegetius; and adds that: "It is in the writings of these authors that we find the words 'veterinarius' and 'veterinaria' first appearing, indicating the Latin origin of our words veterinary and veterinarian."

The object of Dr. Billings' very able and highly interesting essay is to advocate a "*National Veterinary Police Code, with State Execution of the Laws.*" Also, he recommends the establishment of a National Veterinary Institute, endowed by, and under the control of, the Government of the United States, with certain limitations to free it from the baneful influences of *Politics.*

The National Police Code looks to the appointment of a National Veterinary Inspector-General, "as an incitor and general watchman for the whole country," and also for State Inspector-Generals.

Dr. Billings has evidently devoted much time and educated consideration to the details of the practical operations of the National Veterinary Institute, and of the National Veterinary Police Code, as you may judge when we state that his essay occupies nearly ten columns of closely printed matter in "*The Turf, Field and Farm,*" a paper of considerable size. You will therefore understand that, in the brief time and space, now at our disposal, we can not reproduce the merest outlines of this essay. The paper is a very able one as stated before, and should be studied in detail by all interested. The Doctor proposes to contribute liberally out of his own private means toward the execution of his plans. We trust that this introduction to it will be productive of good results.

The subject is one that cannot be kept in abeyance much longer. Within a few years Veterinary Medicine will loom up in in its broad proportions, and astonish mankind that the world should have existed so long without it. When we are told from actual statistics, how many *millions* of dollars' worth of our domestic animals, in the United States, annually die from absolutely preventable diseases, as well as from those that are curable, the thought should not only occasion surprise and alarm, but should awaken each of us to a sense of responsibility and feeling of criminal neglect.

Veterinary Medicine and Surgery now presents the largest and most profitable field of all the various departments of knowledge, for the labors of young men of ability and energy; and now is the time to enter it. The early gleaners will reap the richest reward.

It is highly important that the veterinary profession, yet to be developed, should have a proper foundation for its future superstructure; and in obtaining this solid basis, much more will depend upon the friendly influences and aid of the medical profession than upon any other class. It is our duty to extend the helping hand to our associates in comparative pathology. The same qualities that combine to make a good physician in the human family, are all needed for the physician who devotes his exclusive attention to the diseases of the inferior animals. And in so far as the respectability of the two professions (if they can be separated at all), is concerned, we are unable to make any distinction whatever.

The respectability of all professions or callings depends entirely upon the character, standing and education of those who practice or follow them. The Veterinarian should have the same preliminary education, and the same natural abilities that are required to make a good, kind-hearted, and conscientious physician among men. The medical profesion, proper, is now over-run with a very inferior grade of practitioners. The ancient boundaries which formerly hedged in the profession from the intrusion of unqualified and incapable aspirants, by its requirements for a very thorough education, high moral qualities, and quite a considerable monied investment, have, within the last half century, been almost wholly removed, as regards some of the medical schools at least.

Almost any young man, we grieve to say, can now obtain a medical diploma at some of the colleges without education, without moral character, and without money,—" sans everything!" This is a lamentable fact, but still it is a fact. It is to be hoped that higher qualifications will in the future be required.

Since our remarks upon the importance of inducing young men to devote their attention to the study and practice of veterinary medicine, delivered before this society one year ago and briefly published in the *Philadelphia Medical and Surgical Reporter*, the very best weekly medical journal that we have any knowledge of, —especially valuable to the country practitioner—a very excellent editorial has appeared in that journal, August 9th, 1879, entitled,—" *Veterinary Medicine as a Career for Young Men.*"

This editorial was based, as it stated by its writer on a Pamphlet entitled: " *An Appeal to the Citizens of Pennsylvania for the Foundation of a Veterinary Department in the University of Pennsylvania.*"

We have not seen the " *Appeal* " itself, but will proceed to give some of the Editor's remarks based upon it. The writer begins by stating:

" This Appeal is timely, able, and ought to be promptly successful. It sets forth in strong, almost startling, language the necessity for an improved condition of veterinary science in the United States, on grounds at once humanitarian and economical; and also the advantage to the young men of this country in thus opening to them a career new, beneficent and profitable." The writer then proceeds to state that,—" In 1870 the money value of the live stock of the United States was appraised at a little less than $2,000,000,000—two thousand millions of dollars.

"The most experienced stock owners estimate the loss annually from preventable and curable diseases at from two to seven per cent.; in other words at from forty millions to two hundred and forty millions dollars every year."

This is truly a stupendous loss to contemplate; and is especially startling from the fact that it all results from *preventable and from curable diseases!* The author continues: "Hog cholera alone a distinctly preventable disease, taxes the Mississippi Valley at from $20,000,000 to $40,000,000 almost every year. The loss in the single State of New York, from epidemic abortion in cows has reached as high as $10,000,000 in a single year.

The epizooty in horses, in each of its several visits to the United States, has been estimated to have reduced the National wealth over $50,000,000. The immense interests involved in our shipments of live horses, cattle, and sheep to Europe stand in hourly peril of destruction, from the dread of European powers at having epidemic diseases introduced there. These are but a small part of the facts and figures which the "appeal" before us marshals to prove the urgent call for immediate and thorough instruction in Veterinary science in this country.

In the second place, the writer refers to the *humanitarian* aspect of the subject, remarking,—"The prevention of suffering in the lower animals as a principle of morals is a glorious development of modern civilization; it broadens sympathy to all who can feel; it extends charity to the alleviation of every form of suffering; and it does so not out of superstition, but from a growth of purely ethical consideration. Hence it is that the societies for the prevention of cruelty to animals have taken an active participation in the furtherance of the study of veterinary medicine."

Further on the writer adds: "The 'appeal' most justly stigmatizes the sort of contempt with which the profession of veterinary science is regarded in the United States. It reminds the reader that in Europe the educated veterinarian is respected and recognized as a man of science; that men of position and of liberal culture, graduates of the most famous universities, have taken it up as their life work, and have shown it to be as dignified, useful and noble as any profession whatever,—as any department of business. Hence it is that the appeal is made to young men of good preliminary education, and prospects to qualify themselves in veterinary medicine, rather than to enter the *overcrowded, underpaid, uncertain business* of the *ordinary M. D.* More certain pecuniary returns await them, and a greater probability of fame and fortune. Just now this advice is golden. It requires no prophet to predict that in another score of years, thousands will be turning their attention to veterinary studies, while now the field is wide and the laborers few; competition is almost unknown, and all the honors are open for the earliest aspirants."

The views here expressed are identical with those that we have entertained and advocated in general conversation during several past years; and it is a subject for rejoicing that the prospects are now so favorable for their early fruition. Our author adds, in conclusion: "It will not be long before the American public awakes to the need of veterinarians of the very highest education. Who will be the first to secure the honors and emoluments of this new opening for young men?

We have not learned whether or not the University of Pennsylvania intends to add a veterinary department to its other branches of instruction. It would appear fitting to an eminent degree that this ancient and dignified institution of learning, especially in its medical department, should take the initiative in the establishment of veterinary science in America upon a solid and secure foundation, as it did in first founding medical teaching in the New World.

Its honorable and independent position; honorable from its high-toned record of more than a century of existence; and independent from large endowments from the State, and from the benevolence of private individuals, it would appear to occupy the position best adapted for founding veterinary science upon a secure basis in America, and at the same time secure for it the absolutely honorable status that its inherent character, and public necessity clearly entitles it to.

CLINICAL REPORTS.

PRESBYTERIAN EYE AND EAR CHARITY HOSPITAL.

JULIAN J. CHISOLM, M. D., SURGEON IN CHARGE.

Enucleation.—L. H., aged 10, three years since was struck in the right eye by the horn of a cow The lower lid was nearly torn off, and the eye ball was crushed. At present the stump of the eye remains while the lower lid very much shrunken is hanging flap like from the outer canthus. The eye ball was removed, and the lower lid replaced in position by a plastic operation, with excellent results in the restoration of appearances.

Diphtheritic Conjunctivitis.—L. A., aged 24, has been under treatment for some time with specific gummatous tumor of iris and sclerotic at lower border of cornea of anterior chamber terminating finally in perforating ulcer of the corneal border with small iritic hernia. While under treatment at the dispensary a child was brought in with diphtheria and was placed by the mother near this patient. Five days afterwards the conjunctiva of this patient showed a large patch of false membrane well marked. It was treated with iodoform powder and the internal use of tincture of iron, and in a few days disappeared. No explanation could be found for the diphtheritic invasion but proximity while in the waiting room of the dispensary.

A second case, a child suffering from phlyctenular ophthalmia and impetiginoid eruption over the lids and cheeks was also attacked with surface diphtheria from the same source of infection. The primary case of diphtheritic conjunctivitis visited the dispensary but twice. During these two visits the room must have contained at least one hundred and fifty patients—only two were contaminated by the exposure. The two secondary cases continued in their daily visits to the dispensary until cured. No other cases occurred. The primary case was a direct extension from the pharynx and schneiderian membrane through the nasal duct to the conjunctiva. These two cases had no dressings or appliances in common.

External Strabismus, Advancing of Internal Rectus Muscles —H. D., aged 35, had been operated upon for internal squint when a child. After the operation, the right eye became everted, and has remained so ever since thirty years. By effort she can bring the right eye up to the median line, but not beyond it, the internal rectus muscle seemingly having lost all power on account of extreme posterior points of attachment. The muscle was sought for and brought forward with a marked diminution of the deformity, and a permanent benefit.

Wild Hairs Destroyed by Actual Cautery.—M. D., aged 46, has had chronic blepharitis from childhood. For many years back her eyes have been kept in constant irritation by inturned eye lashes which needed frequent pulling out. Some of these were now scratching the cornea. For their destruction the plan in use at this hospital was adopted of destroying the hair bulb with the point of a needle heated to whiteness in an alcoholic lamp. The puncture is not very painful if the needle is made very hot, and the application is very effectual if the needle be properly directed to touch the hair bulb.

Symblepharon.—J. L., aged 29, has had her right eye injured with lime. Now a cicatricial band extends from the lower lid to the corneal surface. The operation performed upon this eye was to dissect up the band from the cornea, and sew it to the lower lid in such a way that it could no longer form adhesions to the eye ball.

Neurotomy.—H. W., aged 26, was stabbed in the eye eight months since. The knife perforated upper lid and eye ball at the upper margin of the cornea cutting iris and lens. Now he has cataract with a painful injected eye, and total loss of vision. The cornea is bright, eye full, and iris of good color. Neurotomy of the ciliary and optic nerves was preferred to enucleation. They were reached by separating the internal rectus muscle from the eye ball. The muscle was replaced after the section of the nerves, and the case has progressed without a bad symptom. There is no squint from the tenotomy.

New cases treated since begining of year	2.257
New cases entered for month of October	234
Aggregate of daily patients since beginning of year	17.840
Aggregate of cases treated for month of October	1.953
Largest number treated on any one day in October	108
Smallest number " " " "	38
Average number treated each day in October	72
Number of operations performed in October	49

VARIETY OF OPERATIONS.

Enucleations	3
Cataract extractions	3
Tumors of Lid	6
Removal of foreign bodies from Cornea	3
Operations for epiphora	14
Tenotomy for squint	6
Paracentesis of eye	2
Pterygium	1
Abscess of lid	1
Ciliary neurotomy	1
Symblepharon	1
Hernia of iris	1
Operations on the Ear for polypus, &c., &c.,	7

A CASE OF VEGETATING EPITHELIOMA OF THE CERVIX UTERI.

BY H. P. C. WILSON, M. D., BALTIMORE, MD.

Mrs. L. B., aged 41, widow, mother of six children, no miscarriages, was perfectly regular in her menstruation up to July 7th, 1879. Her health began to fail in August.

She came under my observation for the first time November 17th.

A digital examination revealed a vegetating epithelioma growing from the cervix uteri and occupying the entire vagina down to the vulva.

The operation for its removal was advised and accepted.

On November 25th, assisted by Drs. Griffith, Gardner, Gorter, Lanier and Alan P. Smith, I proceeded to remove, with patient under chloroform, this tumor. I determined to cut away most of the tumor with the écraseur and then remove the cervix uteri with the Thermo-Cautery protected by the anti-thermic shield. The uterus was not fixed nor was there any cancerous deposit in the adjacent cellular tissue

The chain of the écraseur was passed around the tumor, but not as far as to include the whole mass, fearing from my inability to accurately locate the chain (from the mass occupying the entire vagina), that it might suck in some portion of the vagina about the cervix and cut through into the peritoneal cavity. The chain was located and worked with all the caution at my command, and still it must have slipped up on being tightened so as to suck in a portion of the vagina near the cervix for when it had cut through and the large vegetating epithelioma was removed, I found I had made an opening into the back and right side of the vagina, just where it joins the uterus, to the extent of 1½ inches, through which I could look directly into the peritoneal cavity. The air rushed in with a hollow, moaning sound, as wind into a cave. Much of the cancerous mass was still attached to the anterior part of the cervix. This was cut away at once with the saw scissors. The Thermo-Cautery was then put to work on the cervix uteri, and all cut away that could be, without bringing the cautery knife in contact with the edges of the opening into the peritoneal cavity. On the edge of this opening a large artery sprang, and poured out much blood into the peritoneal cavity before it could be seized and secured by torsion. I was careful not to touch the edges of this opening with the cautery, so that they might be brought together with sutures, which was determined on so soon as the accident was discovered. After removing all the cervix possible, without encroaching on the vaginal opening, I passed sponges on sponge holders through the cut into the peritoneal cavity and raked out large clots of blood and cleansed it in this way with much care. I then inserted the nozzle of a Davidson's syringe through the cut and pumped carbolic acid and water into the peritoneal cavity until it came out perfectly clean. The opening was then closed with four silver wire sutures, a pledget of cotton soaked in Monsel's solution, glycerine and carbolic acid, over the amputated cervix and covered with a light tampon of cotton wet with glycerine. A hypodermic of six minims of Majendie's sol. of morphia was administered. The patient was put on crushed ice and one tablespoonful of lime water to two of milk every two or three hours. There was much nausea during afternoon and night, but little in the morning. The highest temperature observed was 101° on December 1st, six days subsequent to the operation. December 2nd.—The opening into the peritoneal cavity was healed by first intention. On December 4th. I removed the sutures and union was complete. December 10th, patient left hospital comparitively well.

This case is one of interest from the fact that in spite of all the precautions I employed to prevent cutting the vagina it was unavoidly done. As a rule I have been opposed to the use of the écraseur in such operations, and have never before employed this instrument in this operation. In future I will confine myself to the use of the Thermo-Cautery which, whilst much more tedious, is devoid of such casualties as the one here reported.

In cases where the vagina is filled with a vegetating mass, as in this case the, saw scissors might be used to remove the mass, sufficiently to allow the cautery to do its work more expeditiously.

SEMI-ANNUAL REPORT OF PRACTICE OF MEDICINE.

BY EUGENE F. CORDELL, M. D., BALTIMORE, MD.

Fuchsine in Albuminuria.—There has been much discussion of this remedy lately in France, where its use originated. Bergeron and Clouet first drew attention to it some years ago, as an agent capable of exerting a beneficial effect in albuminuria, and recently their statement has been confirmed by Bouchut, who has seen ten cases at his clinic in the Children's Hospital at Paris recover in from five days to five months. Bouchut says that the remedy is perfectly harmless in the dose employed by him (gr. $\frac{3}{4}$ to 8 a day). No special physiological effects were produced by its prolonged use. Bouchut used in conjunction with the remedy, a copious milk diet,—from 1 to 3 litres (2 to 6 pints) of milk a day. He gave the fuchsine in a mixture of gum-arabic, oil of peppermint and orange flower water. In refering to these statements, the Editor of New Remedies (July) cautions to be careful in obtaining the right kind of fuchsine; it is absolutely essential, he says, to make sure that it was *not* prepared with arsenic. He gives in the same number the various chemical processes employed in producing the pure and impure forms of fuchsine (hydrochlorate of rosaniline). Dieulafoy submitted the remedy to a test, in a number of cases, the details of which are given in a recent number of the *Gazette Hebdomadaire*, but did not obtain results at all corresponding with those of Bouchut. He is disposed to think that the large amount of milk given along with the remedy by Bouchut had much to do with the improvement observed in those submitted by the latter to this method of treatment.

Statistical Studies on Pneumonia in the Three Hospitals of Vienna for the ten years, from 1866 to 1876, by A. Biach.—During the period named, among the 361,174 patients, there were 11,442 cases of pneumonia, which especially affected the male sex. From numerous tables, Biach draws a number of conclusions, which agree essentially with those of other authors. 2,672 patients died, the ratio of mortality being higher in men. The greatest number of cases occurred in the winter months, the highest point being reached in April; from this time the number diminishes until the minimum is reached in August and September. The earlier periods of life appear most liable, whilst the later show a greater mortality. The seat of disease was most often in the right lung, complete infiltration of which also was the most rapid cause of death. Then follow with increasing rate of mortality, infiltration of both upper lobes, and total infiltration of the left lung. Infiltration of the lower lobes of the two lungs showed the most favorable condition as to mortality. Of complications most often observed came first pleuritis, then tuberculosis, Bright's disease and chronic alcoholism. The most dangerous complications or sequelæ were meningitis, endocarditis, alcoholism, tuberculosis, gangrene, emphysema, Bright's disease, child bearing and pericarditis. Diminution of atmospheric pressure, fluctuation or sudden change of temperature, low temperature, a low degree of atmospheric humidity, appear to favor the development of pneumonia.—*Wien. Med. Jahrb. S.* 1, 1879, *Centralblatt*, Oct. 11th, 1879.

We give the following abstract of a clinical lecture "*The Therapeutics of Acute Rheumatism*," recently delivered by Prof. Bartholow, and published in the *Med. News and Abstract.*—No single remedy can be applied to every case of acute rheumatism. For successful treatment, the form and type must be taken into consideration.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlorid., ♏xxx, every four hours; orders the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium carbonate, ½ drachm of citric acid and four ounces of water every three or four hours, until the urine ceases to be acid

when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be added. If the attack is severe blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than ʒ ij, should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v, doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once. to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°—109° F., the cold bath is necessary to ward off certain death.

Opium in Hypochondria.—Dr. W. A. Hammoud in *Gaillard's Med. Journal*, November 1879. To establish the influence of opium on the cerebral circulation, Hammond made repeated experiments on dogs, by removing portions of the skull, then administering the drug and watching the results. He thus proved that a small dose produces hyperæmia of the brain, whilst a large one lessens the amount of blood present. The therapeutic teachings of these experiments are obvious; if we have an anæmic condition of the brain to deal with, opium in small doses should be administered; if a hyperæmic, larger but not excessive doses. Every physician can recall personal experience, in confirmation of the stimulant effect of small doses of opium on the cerebrum. Courtenay first suggested an anæmic condition of the brain in connection with a closely allied disorder, melancholia, and sought an explanation of the improvement produced in the patient's condition by opium, upon the theory of its overcoming this anæmic condition. Both in melancholia and hypochondria (continues Dr. Hammond), we have a depressed condition of the cerebral functions, and a tendency to sleep, which is inconsistent with the supposition of the existence of cerebral hyperæmia, a diminished temperature of the head, and other symptoms analogous to those found in anæmic conditions of the brain. The ophthalmoscope likewise reveals an anæmic condition of the retinal vessels. Practical experience illustrates the truth of the foregoing views, in the treatment of hypochondria. In opium in properly adjusted doses we posess means for combatting hypochondria not exerted by any others at our command. Hammond gives ordinarily sulph. morphia, in doses of gr. 1-12 to 1-6, thrice daily, persisting in this at least two months. The dose should never be large enough to induce sleep. The beneficial effects are very soon exhibited, the whole mental and physical condition of the patient being placed on a higher level. An aloes pill should also be given daily. After the morphia is suspended, a tonic should be given as co. tr. cinchona.

Dr. Joseph Michel discusses the value of *Alimentary Injections*, in Nos. 43 and 44 of the *Gazette Hebdomadaire*.—He is not much in favor of the practice, but yet is not disposed like Dujardin-Beaumetz and Max Marcwald, to reject it entirely, but is willing to acknowledge that it is capable of producing transient sensations of relief through the water and salts absorbed. An exception is made however in the case of wine, which induces a more complete and prolonged feeling of alleviation, through its combined effect as a stimulant and arrester of disassimilation. The cases in which this method has been especially employed and recommended, are malignant obstructions and ulceration of the stomach and hysteria. Now in the former two, the attempt to nourish the patients by the stomach has not been entirely abandoned during the administration of the injections, and it is quite probable that a certain quantity of food has thus entered the system. But in hysteria especially instances are accumulated in which life has seemed to be prolonged through an incredible period of time by the method in question. On the other hand, there are cases in which patients affected with hysteria have not only been able to maintain life, but even scarcely to show the effects of absolute rejection of all food by the stomach—without these injections. Briquet, in his "Treatise on Hysteria," has reported cases. in which women have gone for weeks and months without ingesting the least food. The author observed a case, himself, in which an hysterical woman lay immovable in bed for three months, without absorbing the slightest quantity of nourishment; sometimes only a few cubic centimetres of urine could be drawn by the catheter, sometimes, on the other hand, it was abundant. The amount of urea passed oscillated between fifty-five centigrammes and one gram per day. In one and a half months, she lost but two pounds weight.

The explanation of these cases is to be found in the fact that *disassimilation* has ceased, and hence there is no need of *assimilation;* food consequently becomes a foreign substance, which the stomach is bound to reject. They are for the time in the condition of hibernating animals.

A case in point is a girl of 18, weighing 83 pounds; she had but one operation in two months, and every five or six days only passed a few cubic centimetres of urine. She either rejected food immediately or refused to take it. The amount of urea excreted during 25 days was 10 times less than it ought to have been, and the reduction in the other ingredients of the renal excretion was still more marked. Yet there was but little evidence of wasting. The author urges other facts which have a strong bearing upon the question; the difference of structure, for instance, shows a difference of function. The great intestine secretes only a mucous fluid, which remains alkaline for forty-eight hours or more. Again Albertini, Marckwald, Czerny and Latschenberger have proved by experiments in cases of persons affected with unnatural anus, that the large intestine has no digestive action, either upon coagulated or soluble albumen or upon fat. Still further, Carville and Bochefontaine took two dogs, one of which was entirely deprived of food, whilst to the other a daily injection, representing one pound of meat was administered; the first died on the 28th day, the second survived him only one day. Hence these observers conclude that the large intestine will neither digest nor absorb the food presented to it. At the autopsy identical lesions of the stomach were found in both, and such as Parrot has observed to exist in nurslings, who have died from insufficient nourishment. These views, which like the most of French therapeutics depend more upon theoretical than clinical grounds, will hardly produce much impression among the practical physicians on this side of the water, who go to the bedside rather than to the laborarory for their opinions. Especially, it seems to me, Flint has refuted them and established upon a firm basis the power of the large intestine to assume vicariously the digestive function, of which the stomach may be for a time incapable (see Flint's Clinical Medicine, 1879, Art. Rectal Alimentation). And Andrew A. Smith, of New York, has obtained very striking results from enemata of defibrinated blood, especially in consumption, many cases of which thus treated exhibited notable augmentation of weight, restoration of strength, re-appearance of appetite, diminution of cough and cessation of night-sweats.

Sir Wm. Jenner sums up his views of the *Treatment of Typhoid Fever*, in an address on this subject in the *Lancet*, of Nov· 15th, as follows:—Typhoid fever cannot be cured; but more lives may be saved by the judicious treatment, and more lives lost by the improper treatment of typhoid fever, than of any other acute disease. For a very large proportion of cases no other treatment is really required from beginning to end than rest in bed, quietude, fresh air, pure water and regulated diet, although most cases are benefitted by a little wine in the 3rd and 4th weeks. If medicinal, in addition to hygienic, treatment is required, it is because special symptoms by their severity tend directly or indirectly to give an unfavorable course to the disease. At the same time, it must be remembered that the gravity of some symptoms is in certain cases due to lesions of structure beyond the possibility of successful treatment, *e. g.*, primary deep sloughs of Peyer's patches; and that other grave symptoms pass away spontaneously, although no special treatment is prescribed for their relief. When drugs *are* required to hold in check a special symptom, their use should be discontinued when the gravity of the symptom, for which they are prescribed, has subsided.

Temperature so high and continuous as to be a cause of danger, either directly or indirectly, by favoring serious degenerative changes of structure, is present in exceptional cases only, and for such cases alone is the direct application of cold to the general surface required.

Alcohol, by the influence it exerts on the nervous system, is of the greatest value in the treatment of typhoid fever, but it should only be given for the purpose of attaining a definite object; its effects should be watched, and the dose so regulated as to attain the desired effect from as small a quantity as possible. As the treatment in reference to many symptoms is in the present state of our pathological knowledge tentative, it may have to be varied frequently, both as regards continuance and dose of drugs, of stimulants and cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever, who watches its progress, not only with the most skilled and intelligent, but also with the most constant care, and gives *unceasing attention to little things*, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if the possible evil be death, and the probable good short of the saving of life, holds his hand.

While admitting without reserve that heroic measures, fearlessly but judiciously employed, will save life when less potent means are useless, the physician whose experience reaches over many years will, on looking back, discover that year by year he has seen fewer cases requiring heroic remedies and more cases in which the unaided powers of nature alone suffice for effecting cure ; that year by year he has learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature.

Naso-Pharyngeal Catarrh.—A clinical lecture of J. Solis Cohen, M. D., Lecturer on Diseases of the Throat, &c., Jefferson Medical College, Philadelphia, is published in the *Med. News and Library* for October, and it is believed that the views of one of the best American authorities on the treatment of this frequent, obstinate, and most discouraging affection, will prove acceptable to the readers of this department.

Naso-pharyngeal catarrh is an inflammation of the mucous membrane of the nasal cavities and upper part of the pharynx. It produces a tenacious secretion of mucus, which blocks up the nasal fossæ and tends especially to collect in the roof of the pharynx, just behind the nasal septum, where the glands are abundant. This secretion is removed partly by blowing the nose and partly by hawking it down into the pharynx and then expectorating it. Occasionally scabs and crusts are expelled. The secretion, being retained, undergoes decomposition, leading to the evolution of fœtid gasses and consequent foul breath. The disease may extend to the frontal and maxillary sinusses, producing brow-and face-ache; it may also cause closure of the apertures, by which the nasal fossæ communicate with these sinusses, and consequent abscess, cystic tumor, or morbid growth in the latter. The most important element in the treatment, is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gasses irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health and even sometimes leads to slow septic poisoning. For removal of the discharge, a solution of salt in tepid water (ʒj to Oij) is usually employed; in mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche.*

In using the douche, the mouth should be open and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media; if the fluid be warm, however, there will be but little danger, even should such an event occur. About 1 qt. of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequently applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament (as, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from 20 to 30 minutes, is by flexible bougies made of gelatin impregnated with the remedy (as gr. ij of sulphate of zinc and gr. ss of carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

---

*The nasal douche is sold by C. Willms & Co., No, 79 N. Howard St., and costs $1, an atomizer costs $3.50.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined, before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diatheses, appropriate constitutional treatment is necessary, and of course, the removal of dead bone, foreign bodies, &c., is a sine quâ non of cure.

Bright's Disease.—Prof. Semmola, of Naples, at the late International Congress at Amsterdam, read the results of his 29 years researches into the nature of this affection. He was led, by the influence of nitrogenized food in increasing the amount of albumen in the urine, to conclude that attention should be directed, not to the renal organs only, but also to certain general nutritive disturbances, in which the albuminoid elements of the food are either not at all, or only imperfectly assimilated and consumed. This idea has been confirmed by the considerable and progressive decrease of urea formed in the organism from the very earliest period of Bright's disease. 300 clinical cases have convinced him, that this decrease of urea is owing to a defective oxidation of the albuminoid matter.

Defective excretion of urea in Bright's disease is universally dwelt upon, but its defective formation, which is according to the author a fundamental fact, is scarcely alluded to. This defective formation is due to the arrest of the cutaneous functions (as can be shown by varnishing the skin of a dog); in consequence of this arrest, arise alteration and inassimilability of the albuminoid substances, and defective combustion, *i. e.*, decrease in the formation of urea.

The changes that take place in the kidneys in Bright's disease (beginning with hyperæmia, and ending with cirrhosis and atrophy) do not constitute the primary cause of the principal symptoms of that disease. Physiology fails to explain how a morbid process, confined to the kidneys from the beginning, *i. e.*, while they still fulfil their duty as purifying agents, could have any effect on the production of urea and thus act on the whole system. In no other form of albuminuria, is this decrease of urea corresponding with increase of albumen found. The decrease of urea in the urine in Bright's disease is owing in the first stage to incomplete combustion, later to defective secretion in the kidneys themselves. The gradual action of moist cold on the skin is the only cause of true Bright's disease, and gives rise to: cutaneous anæmia; accumulation in the system of the cutaneous excretions; alteration of the albuminoid bodies, so that those which originate from the peptones are not assimilated; decrease in combustion of albuminoid bodies, and consequently in the production of urea.

The results of the nutritive changes, &c , mentioned above, are renal congestion, irritation and inflammation of the kidneys by retained excretory matters, elimination of albumen (now useless and almost a foreign body) by kidneys, progressive decrease of urea in the urine in consequence of its lessened formation in the system. Bright's disease is distinct, anatomically and clinically from the other forms of albuminuria, and should be distinct therapeutically. Bright's disease is characterized by albuminuria, absence of urea in the urine and a peculiar anasarca; the anatomical change is a slowly progressive inflammation of both kidneys, and this bilaterality is peculiarly characteristic of the disease and a proof of its systemic origin. The want of uniformity observable in the symptoms and anatomical characters in different cases of Bright's disease is due to some other cause (alcoholism, gout, &c.) having been superadded to the action of moist cold.

REPORTS OF SOCIETIES.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

(*Reported for the Maryland Medical Journal.*)

Pursuant to adjournment, the regular meeting of the Harford County Medical Society was held at the Masonic Hall, Havre de Grace, on Tuesday, November 11th, 1879.

The President, Dr. John H. Cochran, the Vice-President, Dr Wm. P. Taylor, the Treasurer, Dr. R. D. Lee, the Secretary, Dr. W. Stump Forwood, and a respectable number of members, were present.

There were also present, as visitors, Dr. Alex. Craig, of Columbia, Pa., and Dr. Ed. P. Dallam, of Harford County.

After concluding the usual routine business, *Dr. R. D. Lee*, the Lecturer for the day, proceeded to deliver his remarks upon the subject of *Venereal Diseases.*

The substance of the Lecture, as stated by the Doctor, was based chiefly upon *notes* taken by an American student of his acquaintance, from the clinical lectures of the great venereal surgeon, Ricord, of Paris.

The transmissibility of the *Lues Venerea* from parent to offspring, through several generations, presenting itself, often, in remote generations, under forms of different names, such as,—scrofula, phthisis, dropsy, cutaneous diseases, epilepsy, mania, blindness, deafness, paralysis, &c., &c., &c., was largely dwelt upon by the Lecturer.

One generation, he asserted, may apparently entirely escape the poison, in any recognizable form, while the next will present unmistakable evidences of the hereditary taint.

The two forms of syphilis—the *hard* or Hunterian *chancre*, and the *soft*, and comparatively innocuous chancre, were generally recognized and accepted by the best authorities of the present day.

As regards the *treatment*, but little diversity of opinion exists; the long continued use of one of the mercurial preparations, some practitioners preferring one, and some another, and the iodide of potassium, were the recognized remedies. The mercurials in the early stages, and the potassium in the secondary and tertiary forms.

In respect to the *Hunterian chancre*, from which so many of the evils which afflict mankind flow, and the consequences of which are so much to be dreaded, the long continued *mercurial treatment* is the only remedy on which any reliance can be placed for a permanent cure—if it be possible *ever* to *cure* this dreadful malady. The treatment must be continued, said the lecturer, long after every vestige of the disease has disappeared.

Dr. Lee's lecture, which was replete with interest and practical suggestions, was accepted by the members of the society present as being a very clear and able presentation of the subject; as well as a good expression of the modern thought as entertained by the best authorities of the day. At the request of the President, several of the gentlemen present gave some expression to their views upon the subject of the lecture.

**Dr. Virdin* quoted Dr. Christopher Johnston, of Baltimore, as authority for the theory of the general, nay, the *universal* contamination of the human family with the syphilitic poison, in some or other of its manifold forms or degrees.

Dr. Johnston holds, as stated by Dr. Virdin, that syphilis, in its primary form, does not now prevail to nearly the same extent that it did twenty or more years ago; and the reason he assigns for the comparative rarity of, or immunity from, the disease in this form is that mankind has become thoroughly inoculated. In other words, Dr. Johnston contends that the human family has become *syphilized by inheritance*, and hence enjoy comparative immunity from the disease in its primary form. This is a startling and fearful doctrine! *Dr. Virdin* further stated that, on the other hand, *Dr. Keys*, of New York, who was perhaps quite as good authority upon this subject as Dr. Johnston, contended that *syphilis could be cured*, by perseverance in a long course—two or three years of mercurial treatment, and by the use of the iodide of potassium.

Dr. Virdin asserted that the old theory with regard to the *injurious* and *debilitating* effects of mercury upon the human system, was not founded in fact. His own experience, as well as that of many other observers, had shown that the daily, and long continued use of mercury, as prescribed in syphilitic diseases, was not incompatible with the healthy nutrition of the system. He had treated such patients,—has one in charge at the present time—who have gained in weight to the extent of several pounds after the regular daily use of mercury for several months.

---

*We were much surprised to find the above statement in reference to Dr. Christopher Johnston's views on syphilis. Having been pupils under Dr Johnston during three courses of lectures we were taught by him to regard the contagion of syphilis in an entirely different light than that stated by Dr. Virdin. With the view of correcting what we believed to be an unintentional misrepresentation of Dr. Johnston's views upon this subject, we requested him to write them out for publication in this number of the Journal.

Under the head of correspondence will be found a communication from Dr. Johnston expressing some of the views he has entertained and taught with reference to syphilis.
EDITORS.

Dr. Silver expressed surprise at the theory of Dr. Johnston, who contends that syphilis is never cured.

Dr. Silver said, that he could not accept, nor entertain for a moment any such idea. He stated that he had been connected with the medical profession nearly forty years; and that he could recall cases of syphilis which he had treated early in his career in individuals who were still alive to testify that syphilis was a *curable disease*—that no sign of its return, or of its continued existence, had ever been manifested in their cases. He could not accept any such doctrine; it was as abhorrent to his feelings as it was improbable in fact.

Dr. W. W. Hopkins, and also *Dr. Wm. J. Evans*, made some remarks concerning the curability of the "*disorder*" in question, and both inclined to the view taken by Dr. Silver, viz; *that syphilis could be cured.*

Dr. Smith said that it had been his privilege to listen to Dr. Johnston's lectures while a student, and he believed that Dr. Virdin had quoted his views upon syphilis quite correctly.

Dr. Taylor was satisfied in his own mind that syphilis was a *curable* disease, and quoted some illustrative cases.

Dr. Whiteford, without fully concurring in the general contamination theory, or doctrine, was still inclined to the belief that such a condition, through repeated poisonings might become permanently hereditary, as repeated vaccinations gave protection against smallpox.

The President then requested *Dr. Craig*, a visiting friend from Columbia, Pa., to state his views upon the subject before the society. Dr. Craig said that he experienced some diffidence in assuming to enlighten the society; that he was present for the sole purpose of drinking at the fountain, whose waters of wisdom were supplied by others; and not with the expectation of being called upon for the contribution of any part himself. He would say, however, that many of the leading workers in the medical profession at the present day were leaning to the general contamination theory. He had treated a great many cases of syphilis; and was convinced that the cases of

Hunterian chancre required a very lengthy course of treatment,—much longer than was formerly thought to be necessary, for the eradication of the disease. He was in the habit of using one of the iodides of mercury in the disease. *Large* doses of the *iodide of potassium* were usually very effectual in the secondary and tertiary stages; but, in his experience, he rarely found patients with stomachs sufficiently strong to bear doses large enough to accomplish the result. With the increase of his years, and the increase of his observations, he was daily becoming more and more convinced that the results of syphilis were far-reaching, and were being more generally manifested in some or other of its multiform characters; and he felt satisfied that many of the diseases met with in daily practice, and known to the profession and to the public as scrofulous, or *scrofula*, were simply so called as a *polite name* in society for syphilis. He had no doubt upon this point; and every practitioner could recall cases of the kind.

Dr. Craig cited a case, the facts of which were well established, in which a patient had been *apparently* cured of primary syphilis at the age of thirty-five years. The disease remained dormant, without affording the slightest manifestations of its existence until the individual reached the age of *seventy-two*, when unmistakable tertiary syphilis became thoroughly developed. In this case, as in others, had the patient died before the invasion, or development of the tertiary symptoms, or before he had reached the age of seventy-two, leaving children begotten subsequently to the primary infection, *they* would undoubtedly have inherited the disease in some form, known as scrofula, phthisis, or other constitutional disease; the *origin* of which, in that case, would have remained forever in obscurity. This example may be accepted as an illustration of thousands of others in which the source of disease cannot be traced.

At the conclusion of the remarks upon Dr. Lee's lecture on *Venereal Diseases*, Dr. Lee expressed himself as being highly gratified with the range of the discussion which his paper had brought forth. He also stated that he had been instructed by the various suggestions presented, and felt more than repaid for the time and labor expended in the preparation of his paper.

Dr. D. Preston Wysong next presented the following interesting clinical history of a surgical case which occurred in his practice in August last: He said, "I have to present to your attention a brief history of the case of *Charles Cain*, the young man who was badly cut up by a drunken companion on the night of the 2nd of August

1879; a notice of which appeared at the time in the county newspapers. "When called to visit him, we found him lying by the road-side, near St. Ignatius' church. Upon examination it was discovered that he was in a state of collapse, from loss of blood; the hemorrhage proceeding from five incised wounds. The first of these to which my attention was directed was one penetrating the cavity of the thorax. Commencing below the first rib, and passing over the second, the knife entered the chest-wall between the second and third ribs, through into the lung tissue. From this wound all hemorrhage had ceased, except an occasional issue of frothy arterial blood. "I immediately proceeded to close the wound, taking care to leave sufficient space between each stitch for the escape of effused blood. "I then applied a broad bandage around the whole chest, to lessen its expansive and contractive action. By the judicious use of stimulants, applied over the body, and administered internally, re-action was, in a considerable degree, established. I then had the patient conveyed to his home, a distance of about one mile; after which I dressed the wound upon his arm, which commenced at, or near, the axilla, and terminated at the inner condyle of the humerus. The third troublesome cut commenced over one of the dorsal vertebræ and ran a distance of about six inches obliquely across the trapezius and latissimus muscles.

"The remaining wounds were of minor importance. "The whole were dressed with glycerine and carbolic acid, applied on lint.

"At this juncture my friend and preceptor, Dr. R. D. Lee, was called in consultation, when our plan of treatment was agreed upon. By careful dieting, with an occasional opiate, to relieve the pain and produce sleep, and by the use of gentle laxatives to unload the alimentary canal, convalescence was immediately entered upon, and the patient began to improve without the slightest evidence of inflammatory trouble until the sixteenth or seventeenth day, when I noticed a rapid increase in the number of cardiac pulsations, which led me to suspect the beginning of some internal trouble. After a few days, this suspicion became confirmed. A round or oval protuberance appeared above the wound in the chest, which, at this time had become nearly cicatrized. It continued to increase in size; and when it reached the dimensions of a common hen's egg, and was in a fluctuating state, we concluded to open it. An incision was made in the most dependent part of the tumor, and was followed by the escape of bloody serum, instead of pus, as we expected. After considerable discharge, we proceeded to close the aperture made by the knife, and await further developments.

Within a week or ten days thereafter, the abscess, if we may so call it, commenced to discharge, and the patient lost from a half a gallon to a gallon of blood. We directed our attention to this alarming flow of blood which the patient was now losing through the wound and by the mouth. Our efforts in this direction were successful, through the use of plumbi acetas, for immediate effect, and equal parts of the fluid extract of ergot and tincture of hyoscyamus, as internal anti-hemorrhagics; with the per-sulphate of iron as a local styptic,

The patient rallied, though there was no diminution in the size of the abscess, which, within a week, began the discharge again, with the loss of about the same amount of blood as before. By this hemorrhage the abcess was entirely evacuated; and now a most remarkable and interesting state of affairs were presented.

It was now discovered that a large portion of the lung tissue had been destroyed by gangrene; and the *Aorta* was fully exposed to sight to the extent of two inches, and its pulsations could be distinctly seen. A small bronchial tube communicated with the external opening, from which air was constantly making its exit. Adhesions had formed between the two pleural surfaces, producing a closed sac, which fortunately prevented, previous to its evacuation, the contents from gravitating to, and pointing at the base of the lung.

" At the present time (November), the cavity, which, at one time was as large as a *man's fist*, is entirely filled up, and the patient's complete recovery is now anticipated."

Dr. W. Stump Forwood then read a paper entitled, Remarks on Veterinary Medicine.

*At the conclusion of Dr. Forwood's remarks, Dr. Lee stated that it was a well known fact in history that the great Napoleon paid his veterinary surgeons exactly the same fees, and treated them with the same consideration and respect socially, as he paid and treated the surgeons who attended his soldiers.

Dr. Lee also remarked, as a single illustration out of many that he might recall, that his attention was, not long since, incidentally drawn to a suffering horse—an exceedingly valuable animal—which was being heroically treated by persons entirely incompetent, and ignorant of the nature of the case, and in such a violent manner as would undoubtedly have caused the death of the dumb patient in a very short time.

---

*Dr. Forwood's paper will be found under the head of original matter.

The Doctor's knowledge of human medical practice enabled him to make a suggestion to the parties in charge, which speedily relieved the suffering, and saved the life of the noble animal.

Dr. Silver added that veterinary medicine and surgery did not receive the attention which its merits entitled it to; and suggested that we physicians should lend our aid to the suffering animals, whenever possible; until the field becomes properly supplied with educated veterinarians. Several members of the society present expressed interest in the subject; and hoped that—" Dr. Forwood's valuable paper would not be permitted to slumber here, but that it should be brought out before the general public." It was then unanimously recommended that the paper be offered the Philadelphia *Medical and Surgical Reporter*, and to the Baltimore MARYLAND MEDICAL JOURNAL for publication.

The following named delegates were elected to represent the society in the *American Medical Association*, at its next meeting: Drs. R. D. Lee, H. Clay Whiteford and W. Stump Forwood. Delegates to the *State Medical Society*: Drs. W. W. Virdin, W. W. Hopkins and H. B. Martin.

Before adjourning, Dr. Alex. Craig, of Columbia, Pa., extended a cordial invitation to the society to attend the next meeting of the "*McCall's Ferry Medical Association*." which meets in the latter part of August next at the city of Lancaster.

This Association, of which Dr. Craig was the President last year, and the eminent Dr. John L. Atlee is the President this year, is entirely social in its character, as was explained by Dr. Craig. It is a meeting to which every medical man is expected to take his wife, or a lady friend. It is a day for relaxation and recreation, spent pleasantly together with physicians from different counties in Pennsylvania and the adjoining counties of Maryland; not for the discussion of professional subjects, but for forming more intimate social relations between physicians who might otherwise never meet, at least, not meet upon such common, independent and exceedingly pleasant and social ground.

At the conclusion of Dr. Craig's kind invitation, Dr. Forwood stated that it had been his privilege to be present at the last meeting јo the "McCall's Ferry Association," which was held at McCall's

Ferry; and that he had there passed one of the most delightful days of his professional life. The "Association" had also honored him by placing him upon one of its most important committees. He could assure the society, that all who shall attend the next meeting, at Lancaster next year, will return feeling fully compensated for the day thus spent.

The President announced *Phthisis* as the subject to be discussed at the next meeting; and appointed Dr. Virdin as the lecturer for the presentation of the subject.

The society then adjourned, to hold a special meeting in Bel-air, as per agreement, on the second *Tuesday* in *January*.

W. STUMP FORWOOD,
Secretary.

ALLEGANY COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Allegany County Medical Society was held November 18th, 1879. The President, Dr. James M. Porter in the Chair, and Dr. O. M. Schindell, Secretary.

Dr. G. E. Porter presented a patient William G., age 35 years, a miner by trade, with the following history: Has always enjoyed excellent health. About ten weeks ago was seized with a sudden and acute pain in the right fore-arm which lasted about four hours; the hand became cold and numb, and of a clay color, and still remains in this condition. Occasionally the little finger will get a little warm. There is an entire absence of pulsation in the radial, brachial and axillary arteries of the affected side, with very feeble circulation in the corresponding arteries of the left side. Notwithstanding this condition, the patient's general health is good, and he works every day in the mines, the harder he works the colder his hand becomes. Dr. Porter was of the opinion this condition was due to an embolism in part, which occurred when the patient was seized with the acute pain, and in part to a neurosis.

Dr. Fundenberg coincided with Dr. Porter and his theory of the case and offered a logical argument to sustain his diagnosis.

Dr. Ohr thought this was a neurosis of a rheumatic character and not due to embolism—as an evidence the more vigorously the hand was used the colder it became, instead of warmer. He would recommend constitutional treatment, and the use of the constant current.

Dr. Gerstell thought this condition of things was due to an anomalous circulation, as both hands seemed well nourished, sufficiently so as to enable the man to perform his daily duties as a laborer, and partly to a sudden neurosis

Dr. James M. Porter reported a case of fracture of the neck of the femur within the capsule in a girl 12 years, the accident had occurred about four weeks ago, the patient was doing well, was using the "anterior extension splint" of Dr G. E. Porter, of Lonaconing, Md., and found it very satisfactory in every particular. The Doctor wanted to know whether osseous or ligamentous union would take place within the capsule, as some of the best surgical authorities contended that only the latter result could take place when the fracture was within the capsule. Dr. Ohr said he had been the subject of this fracture and in his case osseous union was the result. He was of the opinion that it was the rule for bony union to take place, and said where nature formed bone once she could do it again, provided the patient was well-nourished, &c , and the leg fixed upon the pelvis by a suitable apparatus.

Dr. G. E. Porter had seen osseous union as the result of this fracture frequently in his practice, which was in a mining district exclusively and with which injury he had met very frequently.

Dr. McGill presented a patient, a little girl 4 years old, with complete relaxation of the ligaments and muscles about the left shoulder joint, this condition had existed for three years; patient had always been in perfect health, the diagnosis was paralysis of the circumflex nerve, and in consequence atrophy of the deltoid muscle and relaxation of the ligaments. The trouble was probably produced by the nurse attempting to lift the child by the arm. Dr. Fundenberg recomended electricity, the cold douche, and massage; thought this treatment would restore the nerve and muscles to their accustomed vigor.

O. M. SCHINDELL,
Secretary.

BALTIMORE CLINICAL SOCIETY.

MEETING HELD DECEMBER 5TH, 1879.

Dr. Wm. Lee read a paper upon the treatment of Whooping Cough by the subcutaneous injection of atropia, combined with inhalations of carbolic acid. He did not claim originality for this method, further than as regarded the mode of employing the atropia. His observations embraced ten cases, all occurring in August. The dose of atropia employed was 1-120 gr., which was given, as a rule, as early in the morning as possible, and repeated if required at night. He used a five per cent. sol. of the crystals of carbolic acid, with which strips of flannel were saturated and hung around the bed. The result of this treatment was a rapid diminution in the number and severity of the paroxysms, and a disappearance of the whoop earlier than from any other means which the speaker had employed. Two cases were cited in detail, as samples of the whole.

1. A girl, aged 3 years, first seen August 1st, with fifteen paroxysms a day. The treatment was commenced at once, and the paroxysms rapidly diminished until December 8th, when there were none; the treatment being now omitted, there were two on the 9th. Treatment was resumed, and there was no paroxysm on the 10th, nor afterwards, and on the 14th the patient was entirely free of cough.

2. A boy, aged 5, who came under care August 14th, with twelve paroxysms a day. These had ceased entirely on August 25th, and on the 29th the patient was considered well.

Dr. Teackle considered Dr. Lee's success very remarkable; in his experience the disease required one month to six weeks for cure.

Dr. McKew had witnessed no results as satisfactory as those reported. He had never seen whooping cough abridged. He directs his treatment to warding off accidents. He thought it desirable to know how much of the benefit was due to each of the agents employed by Dr. Lee,

Dr. Lee replied that he would not undertake to explain the modus operandi of the remedies proposed, but thought the influence of the atropia might be referred to its power of allaying the reflex excitability of the pneumogastric nerve. As for the carbolic acid, he could only say that its omission was followed by an increase in the number and severity of the paroxysms.

Dr. Tiffany thought the reports defective, in not stating how long the patients had been sick before coming under treatment. The natural limitation of the disease should also be given due consideration.

Dr. Latimer said Brown-Sequard had claimed to be able to limit the paroxysmal stage to four or five days by belladonna pushed to its toxic effects. The speaker had used atropia, but with unsatisfactory results. He cited a case, in which the paroxysms were so violent and frequent, and accompanied by such persistent vomiting, that he had abandoned all hope of life. In this most threatening condition, he administered chloroform inhalations, and kept up the anæsthesia until the patient had had several hours of sleep, after which there was no further serious suffering from paroxysmal cough.

Dr. J. Shelton Hill said there was a difference in the duration, fatality and liability to complications, of the disease, according to the season of the year when it occurred, the summer season being most favorable in these respects.

Dr. Lee said the majority of cases of whooping cough, occur, according to general experience in July and August.

Dr. Michael exhibited pathological specimens from a man whose previous history was unknown. The stomach exhibited an epitheliomatous growth, situated about the middle of the posterior wall, and a secondary growth in the smaller curvature. Secondary deposits were found in the liver, lungs and heart, and also in the omentum near the colon; the last contained a degenerated cheesy sort of substance. The only appearance of disease which the patient had presented externally was a rather soft tumor situated in the umbilical region and which was found to be adherent to the anterior abdominal wall. The aortic valves were thickened, the other valves of the heart were healthy.

Dr. Coskery was disposed, from the extent of the disease to regard the growth found in the stomach, as true papilloma. In a similar specimen, presented to the society last year, there was perforation of the stomach. The patient did not exhibit a single symptom of disease six weeks before death, and only came into hospital four weeks before death. He also doubted the secondary nature of the omental tumor, and could not see how secondary deposits could arise in this situation from a primary growth seated in the stomach.

Dr. Randolph Winslow stated that he had assisted at the post mortem examination, in which the specimens exhibited by Dr. Michael were obtained. There were very firm adhesions between the stomach and diaphragm, so firm as to require a good deal of force to disengage them. There were numerous secondary deposits in the liver. The spleen was extremely atrophied, and the patient very much emaciated. There were very slight, if any, adhesions of the omental tumor with the abdominal wall.

Dr Michael said he could not pronounce positively as to the nature of the growths found in the stomach, as he had not had an opportunity to make a microscopical examination. In reply to Dr. Coskery, he would say that a true papilloma exhibits no malignancy, and no secondary growths as in this case; it has, moreover, a tendency to run into a polypoid form, which may obstruct the pylorus. He pointed to the rough anterior surface of the omental tumor as indicating adhesions to the anterior abdominal wall.

Dr. Teackle exhibited specimens of multiple mammæ obtained from a mulatto woman. There were two supernumerary nipples, situated about three inches directly below the normal ones and representing rudimentary breasts. Also, a specimen of hemorrhagic infarction of the spleen.

Dr. Coskery had seen a man who had a rudimentary mamma below he right breast.

Dr. Uhler opened the debate upon *Chemical Surgery* by some remarks upon phenomena that occur during retrograde metamorphosis, and by showing how nature performs amputations in frost-bite and senile gangrene. He thought that coagulation was more of a chemical than a vital process, since it took place more readily without than within the body, and required some destruction of the continuity of tissue before it could occur in the blood vessels. Coagulation was also essentially the passing of a fluid from a rarer to a denser state, after which it resembled more or less perfectly formed tissue, becoming more solid and losing a part of its life. As a final result of this change in a number of diseases, such as phlegmon, tuberculosis, small pox, etc., nature endeavors by a small operation or necrosis to get rid of the morbific material and more or less perfectly succeeds. During this attempt, an increase of temperature takes place which we call fever, and which is generally regarded as due to chemical action. That such is the case must necessarily be true, if it be admitted that formed is dead tissue, since chemical and physical are the only forces that can affect lifeless material. Another important result is, that when a person is seen while this deposit or coagulation is taking place, we can, from the extra amount of heat engendered during this passage from the rarer to the denser condition, determine its mechanical equivalent and from this calculate the amount of chemical change that has taken place, and by allowing for any disintegration that may have taken place, the result will be very accurate. We can in fact, from the primary, prognosticate the secondary fever and frequently the fate of the individual. Ordinary operative surgery also largely depends upon chemistry for success. for coagulation and disintegration play most important parts when blood-vessels are to be sealed and tissues united. Just here he hinted that vitality should not be entirely ignored, nor yet be given a more prominent mathematical position in the equation than it deserves, for if heat be the measure of the work done, then vitality must take a subordinate place He specially urged that more attention ought to be given to the continuous measurement of, and the correlation of the physical forces, especially heat, sound and electricity, in order that progress may be made in the discovery of obscure lesions. He thought that the rate of travel of sound in different directions, through animal tissues, had not been investigated as it ought, and that we should not depend upon the evidence of our senses or upon an unaided sense, when all can be used to help gain some criterion of truth. He also said that the time was near, when, by electrical measurement of the resistances of currents passing in various directions through the tissues, the breaks or lesions will be as readily located as those in the atlantic cable, and a tumor or ulcer in the internal organs made as plain as if seen or handled. He then described several plans by which this could be accomplished, such as employing needles and the differential galvanometer, or the writing resultant-action telegraph and the motograph of Edison with the carbon telephone. After briefly alluding to caustics as very active chemico-surgical remedies, he spoke favorably of carbolic acid, both in antiseptic dressings, and as a curative remedy for piles, but neither considered it free from danger, nor always painless as claimed by some. A method for the chemical detection of lead and iron missiles in wounds by the injection of a very weak solution of nitric acid and subsequent examination of this fluid with iodide and ferro-cyanide of potassium was described. Splinters of such woods as contain tannic acid may be revealed by testing the discharges with iron for that material. The tests which were exhibited before the society were said to be very delicate and simple. The one for tannic acid Dr. Uhler did not think as valuable as those for the metals, inasmuch as the quantity of tannic acid is generally very small and some constituents of discharges from wounds might interfere with accuracy. He finally recommended as important the careful examination of all discharges and surgical dressings, so as to preclude the possibility of employing materials that have been made from rags once used.

Dr. I. E. Atkinson said that his confidence in caustics increased with his experience of them; they are often more effective than the knife. He wished to speak more particularly of the milder agents whose effects we can regulate, and which (unlike the knife) will destroy only morbid tissues. Nitrate of silver, the arsenical pastes, pyrogallic acid, &c., come under this category. They dissect away diseased tissues in lupus, epithelioma, &c., as it were with a microscopic eye. Several cases of epithelioma, treated in this manner with most satisfactory results, have lately come under observation. One of these was operated on and cured by another physician a year ago, to return four months subsequently, when not only the skin but the nasal bones were involved. After scooping away all the morbid growth possible with Volkman's curette, a stick of nitrate of silver was applied; this penetrated the nasal bone with as much ease as though it were cheese, and an opening was soon made through the bone as large as a lead-pencil. The wound was dressed with antiseptic cotton, and healed, leaving a small superficial continuous scar, and slight depression of the nasal bone. He has had many other cases equally gratifying. So in lupus. The arsenical paste has been employed with the same satisfactory results; Cosme's formula, as modified by Hebra is recommended, which is as follows:

℞. Acidi Arseniosi gr. x.
Cinnabar gr. xxx.
Ung. Rosar ℥ ss M.

A ten per cent sol. of pyrogallic acid has given good results in exuberant granulations. Among the advantages of caustics over the knife were mentioned, the avoidance of deformity and dread of a bloody operation.

Dr. Teackle reported a case of lupus of the tongue, in which the breath and discharge were exceedingly offensive, and the patient could only swallow liquids. Caustic potash was freely applied with a strong wash of cupric sulphate, under which the disease disappeared and there has been no return during the year that has since elapsed. No iodide of potash was given in this case.

Dr. J. Shelton Hill gave the results of the treatment of hemorrhoids by one of the milder caustics—carbolic acid. He has operated on eight or ten cases, by this method, with most satisfactory results and entire cure, whenever the treatment could be thoroughly carried out. It is important to avoid the entrance of the acid into the circulation, and he accomplishes this by applying a clamp or ordinary dressing forceps to the vein above the tumor. One of the cases thus treated occured in a gentleman of 38 or 40, a bookkeeper, and was the worst he had ever seen, the mass being as large as a bunch of grapes, and involving a considerable amount of prolapse of the bowel

The patient was a confirmed invalid and had been unable to attend to his business for months. He was afraid to venture out as after walking one or two squares, the mass came down and compelled him to return home. The result of six weeks to two months treatment has been entire relief of the prolapse and protrusion of the hemorrhoids; the patient considers himself cured and has been able to resume his business. A few small internal hemorrhoids remain, which cause no present discomfort, but which at some future period may require further treatment. Dr. Hill employs from five to seven drops at a sitting, according to the size of the tumor and the amount of blood in it. The blood should be squeezed out of the tumor before applying the clamp, and the latter should remain until a coagulum has formed in the tumor. The effect is more rapid when the hemorrhoid is free from blood. Usually one tumor is operated on at a sitting, but in the case mentiond above, owing to their great number, four or five were treated at a time. One injection invariably cures the hemorrhoid operated on. The slough comes away in four or five days. In most cases the pain of the injection is not severe, but the clamp causes considerable pain. The clamp should be removed before leaving the patient.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD DECEMBER 2ND, 1879.

Dr. H. P. C. Wilson reported a case of removal of an epithelioma of the cervix by the écraseur, with accidental opening of peritoneal cavity. See reports of cases this number of Journal.

Dr. P. C. Williams read a paper on the *Use of the Forceps in Tedious Labors* (given in full in this number. See page 145.)

Dr. John Morris related two cases occuring in the past few days in which he had resorted to the forceps:

1. A short, compact primipara. of 21, who had been in labor for a day and night. The forceps were applied (the head presenting badly at the inferior strait), and after several ineffectual efforts, the perinæum gave way. This was the first case of ruptured perinæum in 33 years practice;

2. A tall, slender lady of 21; the os was dilating freely. Delivery was, with much difficulty, accomplished with chloroform and forceps.

The first child has paralysis of the face, the second has had convulsions—both due to the great amount of pressure used in delivery.

Dr. Richard McSherry said he had never been able to see how version could expedite the delivery of the head, where it was unduly large or the pelvis contracted; the same difficutly would be experienced whether the head presented by its superior or its inferior extremity. After turning there is always a great danger to the child, from pressure of the cord if there is any delay in the delivery of the head.

He related the case of a primipara, weighing 185 pounds, and apparently advanced into the tenth month of pregnancy. After waiting in vain for natural delivery, the membranes were ruptured; this proving fruitless, the forceps was applied and prolonged efforts made to extract the head. This also failed, and craniotomy was discussed (Dr. Miltenberger in consultation). Before resorting to this, however, another attempt with the forceps was made, and succeeded after the most powerful efforts The head was much cut and the mother suffered from retention of urine, followed by extreme pain in micturition and the passage of much pus, which probably was due to cystitis and secondary pyelitis. Her suffering was most relieved by Dover's powders repeated. Dr. McSherry thought the child must have died without the use of the forceps and even the life of the mother would have been imperilled.

Dr. H. P. C. Wilson said that Barnes' dilators were the most effectual means of dilating the os, when not sufficiently dilatable for using the forceps and speedy delivery was imperative. He thought the forceps one of the best means we have for preventing the laceration of the perinæum. He disagreed with Dr. Goodell, as to the removal of the forceps, when the head has reached the perinæum. The latter is more frequently ruptured by the shoulders than by the head

Whatever be the modus operandi of version, it is nevertheless remarkably effective. In a case where the forceps failed and craniotomy was advised by the consulting physician, delivery was accomplished by version in ten minutes. A case was related of shoulder presentation, with the arm down; the arm was returned and version performed, but in doing this the arm was broken. Delivery was completed without difficulty with the forceps. The fracture speedily and perfectly united.

Dr. B. B. Browne, replying to Dr. McSherry, gave the following explanation of the modus operandi of version and of its frequent success after failure of the forceps. In contracted pelves the head fails to engage, but lays transversely across the brim, and hence the forceps is applied to the occipito-frontal diameter; the result is, the biparietal diameter, which we wish to diminish, is necessarily increased. After version the biparietal diameter does not engage in the conjugate (antero posterior) of the superior strait, but passes to one side, and the bi-temporal diameter, which is $\frac{3}{4}$ inch shorter of course passes more readily through the contracted brim.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

CORRESPONDENCE.

BALTIMORE, DECEMBER 27, 1879.

Editors Maryland Medical Journal:

GENTLEMEN.—Having been recently misquoted by a gentleman whom I have not the honor of knowing, I beg to express to you for publication some of the views I have entertained and taught with reference to syphilis.

First, I repel the idea of a "universal syphilization." Secondly, I believe that the severity of all syphilitic lesions is declining, whether owing to a weakening of the virus after ages of diminishing activity, or because, being hereditary, syphilis confers with hereditary transmission of its taint from those who have it to their offspring an indisposition to the usual consequences of new infection.

I have taught, and am of opinion that syphilis is a disease which under favorable circumstances tends to self limitation, but that its limits at present are not assignable.—The duration of the disease may be brief; it may lie dormant for years, or after a long period of quiescence, may awaken and destroy life in many ways.

This being the case, it is evident that the disease may wear itself out. I even believe that treatment greatly aids in the extinction of the symptoms; but I am convinced that no one can predict the result of any treatment in a particular case, because in different persons the severity of syphilis will vary as the intensity of the virus, or as the natural susceptibility of individuals.

Finally, entertaining the foregoing opinions I have for years put them in practice in the Baltimore Infirmary; and long before the admirable paper of Prof. E. L. Keyes made its appearance, I employed on principle the mercurial bi-chloride and bin-iodide in small doses, and inveighed against the free use of mercury in the early or in any of the stages of syphilis. But since the date of Prof. Keyes' paper, January, 1876, I have felt myself much indebted to him, and I attack the disease with more confidence, and with a better appreciation of what the treatment of syphilis by small doses of mercury accomplishes.

And I have not failed to give Dr. Keyes the credit due him.

In conclusion Messrs. Editors, allow me to say that your familiarity with my teachings—for I have never written any article on syphilis—will at once suggest to you the correctness of the statement of my opinions and teachings contained in this note.

I am very respectfully yours,

Christopher Johnston, M. D.,
Professor of Surgery, University of Maryland.

BOOKS AND PAMPHLETS.

The Pathology and Treatment of Venereal Diseases.—by Freeman J. Bumstead, M. D., LL. D., Fourth Edition, Revised, Enlarged and in Great Part Rewritten by the Author, and by Robert W. Taylor, A. M., M. D., Pages 835.

Any work on a venereal subject bearing the name of Bumstead on the title page merits attentive study; so much the more is this true when associated with it are those of R. W. Taylor and E. J. Loring.

The book of which the title heads this article coming from hands acknowledged to be most competent, is to be considered as showing the branch of surgery of which it treats, in its modern aspect, and well preserves the advanced position among kindred works which has hitherto been accorded to it.

Especially is this the case in practical points where the authors give in terse, clear language the results of their own experience, following it however with the practice of others, which they may or may not endorse. This plan renders the book not only very valuable but also makes it far pleasanter reading, even though one may hold opposite views; nothing is more tiresome than a collaboration.

The practice adopted of giving with prescriptions both the metric and usual apothecary's measure is very convenient, in view of the advances which the former is making in this country, and will add not a little to the popularity of the book.

Under the head of abortive treatment of gonorrhœa by strong injections p. 48 we wish that more were said in its disfavor. We believe it to have been productive of far more harm than good, indeed we doubt its curative powers almost entirely. It is advocated "when the discharge is but slight and chiefly mucus, and while as yet there is no severe scalding in passing water," or in other words before it is positive that the patient is to have more than a trifling irritation of the uretha, which, if let alone, will disappear in a few days without treatment. One thing is certain however that if severe inflammation was not present before the strong injection, it will be afterwards.

There can be no doubt of the good effects which sometimes follow cessation of all treatment p. 76, and have attributed this to too much manipulation which had perpetuated irritation. We are inclined however to the opinion that a urethral discharge is the result of a cause which it is the duty of the surgeon to discover.

The conundrum commencing Chapter 11, p. 78, is one to which we unhesitatingly reply "give it up," and looking on the following page for the solution we are strongly reminded of that well known negro opinion bearing upon the great likeness existing between Cæsar and Pompey. The addition of "chronic urethral moisture," to the preceding twins causes wonderment as to the possible existence of a mucus membrane *not* chronically moist.

Under the heading gleet, due prominence is given to the existence of stricture as a cause; with the dictum, "chronic urethral discharge means stricture" our authors do not, and in our opinion rightly agree. "The removal of the stricture is in all cases required but may not be sufficient to stop the discharge," p. 85. On p. 99 we notice "lymphitis," and on p. 128 "lymphangitis." There does not appear to be any good reason why, in view of the definitions, appended, the former word should have been used; we are again reminded of the Roman rivals.

"Penitis" also, p. 100 is needless.

The opening lines under the heading treatment p. 107, are most excellent and well worthy of being brought to the attention of parents. On p. 125 the treatment of inflammation of Cowper's glands is a good example of the clear practical teaching already referred to. The same may be said of p. 146 where the words are those of one thoroughly confident. We are sorry that strapping the testicle is not more highly recommended, and that no mention is made of the rubber suspensory. A singular contradiction is found on ps. 155 and 156, for we are told "while posteriorly we encounter the hard firm body of the testicle," and "testicle cannot be found."

Absence of impulse on coughing is not mentioned as a feature in suspected hydrocele.

Latent gonorrhœa in women is referred to p. 109, and the absurdity of the term properly exposed.

Gonorrhœal opthalmia p. 215, it is stated "there is reason to believe however that a simple vaginal discharge is capable of exciting the disease under consideration." In this connection a paper by Dr. I. E. Atkinson in *Am. Journ. Med. Sci.*, is of interest.

The statement that sweating is absent in gonorrhœal rheumatism p. 233, is we believe inacurate. Of the nature of the same variety of rheumatism as discussed p. 238, it is difficult to speak too favorably. We are delighted to see "that the urethra cannot be said to have any fixed and absolute diameter," p. 261, for there is a large class of physicians who believe that the urethra is made according to a fixed millimetre scale. The "normal urethra" p. 290, is to be commended. We are greatly surprised to find p. 320, that quinine is not advised as a prophylactic against urethral fever.

Under syphilis p. 429, it is to be regretted that the possibility of preventing general lesions after chancre, by treatment, is denied; the statement coming as it does from one thoroughly able to judge carries great weight.

Chapter 11, p. 439 treats of the nature of syphilis, is theoretical to a great extent, and presents conclusions to which we must take exception as lacking proof, After rejecting the idea that syphilis is a specific fever, a disease of the lymphatics, a fungus disease a purulent diathesis, or a blood disease in its essence p. 441, the conclusion is reached that it is a disease of the connective tissue p. 443. "The secretions of syphilitic lesions are found to consist of a serous fluid containing numerous shining granules * * * which are masses, of protoplasm holding the contagious properties of syphilis. These microscopic bodies are *probably* taken in to the body by the lymphatics and conveyed over the body. *Possibly* they are absorbed by the blood corpuscles, or the latter are infected in some (italics our own), *mysterious* manner by these actively increasing morbid cells." This is a theory with a vengeance requiring a probable, a possible and a mysterious to prop it up. We are told also p. 441 that sarcoma cells pass into and infect neighboring ganglia. The blood and the secretions of tertiary lesions we are told are innocuous, and the cells if present are old and incapable of reproducing themselves. In proof of this Lancereaux is quoted as having often punctured himself in making autopsies on subjects with gummy tumors, and has never seen any bad results. How often has Lancereaux punctured himself when his subject had secondary lesions? Do the shining granules of protoplasm die with the rest of the body or do they live on to infect a dissector in some *mysterious* way?

With the exception of some theories in regard to hereditary syphilis the rest of the book is most excellent and worthy of all study. The lesions of the different organs and systems are full and accurate, more so indeed than probably any other English work. Especially is the chapter on treatment to be commended, its conciseness is only equaled by its completeness.

The process of procreation p. 738 et seq. is a remarkable assemblage of theories. Take for instance the question propounded p. 742. "Can syphilis be conveyed through the utero-placental circulation?" The possibility of such transmission is denied for "the vehicles of the specific virus are cells * * * after fecundation the embryo is not supplied with cells of any kind but simply with serum." What possible proof can be adduced for this extraordinary statement. Why should not a wandering cell from the mother laden with a shining syphilitic granule pay a visit to a fœtus? No vessel wall could keep him in!

On reading the above quotation we at once looked to see what was said about mothers not being infected by their own children, and found on p. 745 the fact mentioned, appended being the following. "It would seem to indicate that the escape of the mother is due to some *occult*, *undiscernible* change in her system." (Italics our own).

The day for *occult undiscernible* somethings in medicine has past and the only known reason why a person may not contract a chancre is that such person is already infected, and so is the mother in question so far as we can judge.

One sentence in this book deserves to be written in letters of gold. "There is a disease worse than syphilis, viz; syphilophobia." In conclusion it remains only to recommend the book as thoroughly reliable except on a few theoretical points, in regard to which ideas will change from day to day. It is a work which should be in every physician's library not only for reference but as a daily text book.

The Treatment of Diseases by the Hypodermic Method.—A Manual of Hypodermic Medication, by Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, &c. Third Edition, enlarged; Philadelphia, J. B. Lippincott & Co., 1879.

The author of this valuable little work, the only one upon the subject in the English Language (there are several in German), has availed himself of the opportunity afforded by the exhaustion of the two first editions and the demand for a third, to make important alterations and to add much new matter, which has augmented considerably the size and value of his book. The most marked change from the last edition, consists in the addition of a chapter for each of the following subjects, viz: The Morphia Habit and its Treatment,—Duboisia, Pilocarpine, Chloroform, Chloral Hydrate, Apomorphia, and Aquapuncture.

As physicians generally are supposed to be familiar with the earlier editions, we will limit this notice to the chapters just mentioned.

1. On the Morphia Habit and its Treatment. Most readers will be surprised at the statement made at the beginning of this chapter, that habitual use of the hypodermic syringe, for purposes of narcotic intoxication, has become so common and is so seductive, that it may be questioned whether the world is a gainer or loser by its discovery. Usually the habit is formed from its legitimate use in the first place.

The author has known as much as sixty grains to be used daily. After prolonged use, the exhilaration, the intoxication, which were produced at first, are no longer experienced. The effects upon the patient of the protracted use of morphia are vividly portrayed; among the most striking, are frequent attacks of cholera morbus, resulting from the long-continued accumulation of fæces, and loss of sexual feeling; the latter symptom disappears however on the abandonment of the habit. Wakefulness, sometimes resulting in delirium tremens, is another effect.

The author believes that in many instances, the habit can be cured. His rule is to *reduce the morphia by insensible degrees.* Substitute the stomachal mode of administration for the hypodermic, *giving by the stomach a sufficient quantity to make and keep the patient comfortable.* The medicinal treatment consists in the use of tonics, especially strychnia and mineral acids, with mild purgation. Alimentation is most important; the food should be simple but very nourishing Substitutes, as alcohol and chloral, are not to be recommended. Engrossing occupation is serviceable.

2. Duboisia, the alkaloid of Duboisia Myoporoides, a member of the solanaceæ. The sulphate or muriate, dissolved in distilled water, may be used in the dose of from $\frac{1}{100}$ to $\frac{1}{40}$ grain, for an adult. The effects are very nearly the same as those of atropia. It has the advantage over the latter, in ophthalmic practice, of dilating the pupil more readily and of earlier cessation of the dilatation. It will probably supersede atropia in this field. It is to be preferred probably in all cases to atropia.

3. Pilocarpine the active principle of Pilocarpus Pinnatus or Jaborandi. The dose is from $\frac{1}{6}$ to $\frac{1}{2}$ grain. The nitrate is usually employed, dissolved in distilled water. Being expensive and the solution soon spoiling, a small quantity should be prepared at the time of using. The profuse salivation and copious perspiration, which follow its use, are due to paresis of the vaso-motor system, with consequent dilatation of the arterioles. Its chief utility is in the dropsy of albuminuria, and in eclampsia. A weak and especially a fatty heart, is a positive contra-indication.

It will abate an ague-chill, used just at or near the paroxysm.

4. Chloroform.—This is used for a local effect, the needle being inserted *deeply* so that its point rests in the neighborhood of the affected nerve. If injected in the subcutaneous areolar tissue only, it will cause violent local inflammation; this is to a considerable extent obviated in the deep injection. There is considerable pain and swelling even in the latter case, but they soon subside and are followed by anæsthesia in the part, lasting a week or more. The author is aware of but one case in which abscess resulted. The method is free from danger.

This treatment is recommended in neuralgias, especially in sciatica.

The chloroform destroys the conductivity of the nerves, so that the painful impressions cannot reach the nervous centres. Of twelve caes of sciatica, all chronic and of great severity; which the author has thus treated, eight were cured, two improved and two not benefited.

5. Chloral-Hydrate.—Crystallized chloral only is suitable for hypodermic use. The dose is ten grains dissolved in twenty minims of distilled water.

The local effects are severe. Especial care should be taken not to penetrate a vein, as this is highly dangerous. A natural sleep follows promptly the injection. Used subcutaneously, chloral possesses distinct anodyne properties, of which, as is well known, it is devoid when administered by the stomach. It must never be used with a weak, especially a fatty heart.

The author recommends it in the highest terms in cholera, in which it has proved *superior to all other remedies.*

The combination with morphia is to be preferred, since this agent prevents the depression of the heart produced by the chloral alone.

6. Apomorphia.—The dose of this agent is 1-16 grain, and as the solution will not keep, it should be prepared from the powder as needed. It is used only for vomiting, and is the most useful of all the emetics for narcotic poisoning. The author advises against its use in opium poisoning, where if ordinary emetics fail, the stomach pump should be preferred. It is also used in croup and capillary bronchitis.

7. Aquapuncture, or the injection of water. This possesses undoubted therapeutic effects. Servajan cured thirteen of fourteen cases of neuralgia. Thirty minims to a drachm should be used and repeated in two minutes if there be no relief. The injection should be made at the seat of pain. The author claims to have had excellent results from injecting water into paralyzed and wasting muscles; "it promotes their nutrition, and contributes indirectly to the regeneration of voluntary power."

We subjoin the list of those agents, which the author considers necessary for the ordinary contingencies of medical hypodermic practice: Morphia Sulphate, Apomorphia, Atropia Sulphate, Eserine Sulphate or Muriate, Strychnia Sulphate, Pilocarpine Nitrate, Quinia Sulphate, Chloroform, Ergotin.

In concluding this brief notice of Dr. Bartholow's unique little book, the value of which is not at all to be judged of by its size, we can only express the great pleasure we have derived from its perusal, as indeed from all of Dr. Bartholow's works. The information it gives cannot elsewhere be obtained, as it is gathered from a multitude of sources, in many countries, and much of it is the result of the author's own experience and observation. It is *the* authority upon the subject of which it treats, a subject that is growing in extent and importance every day, and it is indispensable to every physician, who would keep abreast with medical progress and discovery.

E. F. C.

* * *

MARYLAND MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

H. E. T. MANNING, M. D.
T. A. ASHBY, M. D. } Editors.

SUBSCRIPTION $3.00 PER ANNUM, IN ADVANCE.

☞Contributions, from practitioners in good standing, invited; and advertisements, from reliable houses, solicited.

Address all communications to
MANNING & ASHBY, Proprietors,
No. 9 SOUTH CHARLES STREET.

BALTIMORE, JANUARY 1st, 1880.

EDITORIAL NOTES.

THE MASSACHUSETTS DENTAL SOCIETY has unanimously adopted a series of resolutions exonerating Dr. George F. Waters from the charge of having been the cause of the death of Mr. George A. Gardner of Brooklyn by using arsenic in a dental operation. The resolutions affirm that Dr. Waters is entirely innocent of any unprofessional or injudicious conduct in this case, and that his treatment was wise, cautious and safe. It appears that Mr. Gardner died from *cancrum oris* and that had the arsenic been used as alleged it could have done no harm. It will be remembered that sensational reports of this unfortunate case were published in the New York Times and other newspapers, and an effort was made to discourage the use of arsenic as an agent in dental practice. A serious injustice has been done to Dr. Waters by reason of an unfortunate connection with this case. The resolutions of the Massachusetts Dental Society are most commendable and will find an endorsement in the heart of every lover of justice and fair play. A good man has been made to suffer but this action of a distinguished body of his professional admirers will do much to restore him in the respect and confidence of the people of his state.

Dr. Waters is said to be one of the best-informed and most intelligent investigators in his profession. He will be remembered as the discoverer of the bicarbonate-of-soda treatment for burns. A system of treatment which has been found of great service in this most painful of all accidents.

THE MEDICAL NEWS AND LIBRARY, AND THE MONTHLY ABSTRACT OF MEDICAL SCIENCE.—Published by H. C. Lea, of Philadelphia, and edited by Dr. I. Minis Hays, have been consolidated into a single issue. The "library" department of the *News* has been given up and clinical department enlarged.

The January number of this publication, now known as the *Medical News and Abstract*, has been received. The *Journal* is gotten up in a most attractive manner, and presents a most creditable showing. It will at once take rank among the most useful monthlies in America.

The consolidation of the two Journals into one is a most judicious change and will, in our opinion, greatly enhance the value of the publication. The price of *Medical News and Abstract* is $2.50 per annum, in advance.

THE RICHMOND AND LOUISVILLE MEDICAL JOURNAL formerly edited and published in Louisville, Kentucky, by Dr. E. S. Gaillard, but recently moved to New York, will in future be known as *Gaillard's Medical Journal.* We have not received a copy of this publication since it was moved to New York, and are not aware whether other changes have been made in it. We are pleased to learn through an exchange that Dr. Gaillard has entirely recovered his health and is now able to resume his editorial duties. We wish the Doctor success in his new field of labor.

NEW BOOKS FOR 1880.—We have just received from Messrs. Lindsay & Blakiston "The Theory and Practice of Medicine, by Frederick T. Roberts, third American Edition, 1880," and "Outlines of the Practice of Medicine by Samuel Fenwick, M. D., first edition, 1880."

From Henry C. Lea, Playfair's Midwifery, third American edition, 1880.

Reviews of these books will appear in an early number of the JOURNAL.

NEW YORK MEDICAL JOURNAL.—Dr. James B. Hunter has resigned his position as editor of the above named Journal. Dr. Hunter has been for a long time connected with this enterprising and well managed monthly, and by his efforts has succeeded in placing it in the front rank of American medical journals. We understand Dr. Frank

P. Foster, of New York, will be the new editor. The *New York Medical* is one of the most welcome among our exchanges. We wish for its new editor success in his editorial labors.

Dr. Alfred H. McClintock the eminent Dublin obstetrician, is expected to reach New York early in January. He will find a welcome in the United States.

* * *

MISCELLANY.

Death from Chloroform.—Bardleben had witnessed more than 30.000 cases of chlor. narcosis up to 1876, without a death; in this year four fatal cases happened in his clinic, which has led him to employ in future only chloral-chloroform. The first case was that of a boy, aged 12, suffering from white-swelling of the knee, with acute angular contraction. He presented distinct evidences of scrofula and rachitis. Repeated auscultation and percussion excluded any morbid alterations of the thoracic organs. All precautions were taken; the stomach was empty, the clothes loosened and horizontal posture secured. The anæsthetic was administered very slowly and with free admixture of atmospheric air. The operation contemplated (stretching of the crooked joint) was carried out without violence, loss of blood, or external wound. Suddenly the heart ceased, respiratory movements continuing quietly and without interference; a few minutes later the latter ceased also and life could not be restored although the most energetic efforts were made.

For similar cases, in which death evidently results from primary paralysis of the heart and not from suffocation, Bardleben recommends the subcutaneous use of sulph. strychnia, as proposed by Liebreich; in this case, the measure was resorted to but too late to be of any avail.

Post-Mortem revealed fluidity and dark color of the blood. The sinusses of the encephalon, the great veins of the piamater, and the heart cavities (of which the left ventricle was alone contracted) were full of blood. The heart structure appeared perfectly normal. At the apex of the left lung there was a small shrunken cheesy deposit, the size of a bean; the entire right lung was adherent by old and firm adhesions, was somewhat paler than the left, but completely pervious to air. The bronchial glands were as large as walnuts and contained cretaceous deposits.

LOCAL ANÆSTHESIA THERAPEUTICALLY PRODUCED BY IRRITATING THE CORRESPONDING REGION OF THE OPPOSITE SIDE OF THE BODY.—The patient places his finger on the painful spot or spots; at corresponding points on the opposite side, an injection of simple water is made. Relief and often complete cessation of the pain follows and flexion or extension of the joint (if that be the part affected) can be made without suffering. The method was applied to various forms of neuralgia, and to joints affected with acute articular rheumatism; the effect in the latter case, the joints being red, swollen, hot and painful on the slightest touch or movement, shows that the relief was real. The explanation given is that the local irritation is transmitted to the centres of sensation, " producing in them a change, the result of which is the cessation or diminution of the peripheral pain." The real seat of certain peripheral pains is in the centres of sensation. *M. Dumontpallier at Seance of Acad. de Medicine of Nov. 4th. Gazette Hebdomadaire.*

GUNSHOT WOUND OF PREGNANT UTERUS.—Dr. G. A. B. Hays redorts (*N. O. Med. and Surg Journ. Oct. 1879*), a case in which a pistol ball entered the abdomen of a woman 6 months pregnant, producing miscarriage the following day. On examining the fœtus it was found that the ball had pentrated beneath the left scapula, diagonally through the trunk and made its exit through the right hip. The ball could not be found with careful examination, and the conclusion was reached that it had passed entirely through the uterus and was still lodged in the abdominal cavity. The patient had a very severe peritonitis, from which she recovered however and menstruated twenty-seven days after the accident. On the 29th, day she was dismissed well. Two monthi later she was in perfect health and had had no unpleasant effects whatever from the ball within her.

HONORS TO DR. LEWIS A. SAYRE.—At the annual meeting of the Dutch Society of Natural and Medical Science, held in Amsterdam, November 5, 1879, our countryman, Dr. Lewis A. Sayre, was made an honorary member.

TUBERCULOUS MENINGITIS; ARREST IN THE PROGRESS OF DISEASE; CURE OF SYMPTOMS.—*Un. Med., 1879, No. 39.* A drayman, aged 23, of a phthisical family, but always healthy, was suddenly attacked with quotidian intermittent, which was checked by quinine. Two days afterwards, violent pain in the head set in, with photophobia; the pulse was at first very frequent, but in a few hours became very slow. Within a few days all the known symptoms of tuberculous meningitis, except vomiting, were developed. There was neuro-retinitis and tubercular choroiditis of the right eye. Within fourteen days all the symptoms disappeared gradually under the use of the ice-bladder, calomel, and bromide of potassium, and the patient resumed his former occupation.—*Centralblatt*, November 8th.

SUPERNUMERARY NIPPLES AND MAMMÆ.—Dr. Bruce of Charing Cross Hosital met with 165 cases of this anomaly, in examining the chests of patients applying at the Brompron Hospital far consumptives. 65 of these were observed within three years. Of 315 individuals, taken in succession, 7.6 per cent presented supernumerary nipples. Of 207 men examined in succession, 9.1 per cent, and of 104 women, 4.9 per cent were thus characterized. In the great majority there was but one supernumerary nipple, situated without exception below and within the normal nipple, and more frequently on the left side. The extra nipple was generally rudimentary and in no case physiologically active. Inheritance was not traced in any instance.

THE CHICAGO PHARMACIST states that many of the physicians in Chicago demand as high as forty per cent. on the gross price of their prescriptions to patients, others as low as twenty-five per cent., while others others are content with their cigars and liquors free. We have heard of several such charges against medical men in Baltimore but be it said to the great credit of both druggist and physician such a system of "collusion" to defraud the public has made poor headway. Such unwarrantable practice should subject both physician and druggist to criminal prosecution.

THE NEW ANÆSTHETIC.—M. Paul Bert's gaseous mixture—nitrous oxide and oxygen, under pressure—is now being used in two Paris hospitals. It has been administered in cases lasting over an hour.—*British Medical Journal.*

DR. E. S. GAILLARD, whose *Journal* has recently been removed from Louisville to New York, was taken sick in October, 1878, with recurring fevers of an obscure nature, for which he received treatment for more than a year without benefit. In October last, he went to consult Dr. Sims, in New York. By his advice Dr. Hammond was called in, who at once diagnosed abscess of the liver, and proceeded to aspirate, drawing out 9 oz. of pus. Improvement was manifested at once and progressed so that Dr. Gaillard is now enabled to resume his editorial duties. Hammond, Brown-Sequard and others have pointed out the fact that obscure symptoms of cerebral congestion may often be traced to this affection, of which there may be no other indication whatever.

PRECOCIOUS MENSTRUATION.—O. Stocker reports a case in a twin. At one year traces of blood were observed on the bed-linen. Menstruation had occurred regularly, and without any peculiarities since the third year of the child's life, lasting three days. The child is physically very strongly developed, but does not excell in intelligence her companions of the same age.—*Schweizer Arztl. Corr. Blatt, No. 9, 1879.—Cbt., Nov. 8th.*

THE LATE DR. OLIVER WHITE bequeathed his library and one thousand dollars to the Presbyterian Hospital of this city, five hundred dollars to the New York Academy of Medicine, and five hundred dollars to the Society for the Relief of Widows and Orphans of Medical Men; and the late Dr. Freeman J. Bumstead also willed his entire medical library to the New York Academy of Medicine.—*N. Y. Med. Record.*

THE STAFF OF THE PENNSYLVANIA HOSPITAL PHILADELPHIA.—Dr. Morris Longstreth was elected, at the last meeting of the Board of Managers of the Pennsylvania Hospital, successor to Prof. J. Aitken Meigs, whose death caused a vacancy in the staff of visiting physicians to the hospital. Dr. Longstreth has been pathologist to the hospital for a number of years past.

Dr. C. D. Phillips, of London, has recently recovered $80,000 from the London and South-western Railway Company, for damages resulting from an accident on their road. This is the heaviest sum we remember to have seen allowed in such a case.

An Italian physician uses the solar rays as a caustic in the treatment of warts, nævi, and other excrescences of the skin; also in syphilitic ulcers and condylomata. The rays are concentrated upon the part by means of a bi-convex lens. The eschar separates on the fourteenth or sixteenth day, leaving a wound, which rapidly heals. There is no hemorrhage or inflammation, and very little pain, and the cicatrix left is small, and but little noticable,—*Med. Press. and Circ.*

Sciatica.—Dr. Comegys states in Cincinnati *Lancet* that he and others have effected cure in sciatica by hypodermic injections of sulphuric ether, ♏ xxx, night and morning, introduced a little posterior to the great trochanter. Dr. Starr, of Philadelphia Episcopal Hospital, injects atropia, gr. 1-80, into the tissues directly over the track of the painful nerve, with manifest advantage.

How to Make a Spice-Bag.—Take ½ oz. each of cloves, allspice, cinnamon and anise-seed, bruised, but not powdered in a mortar. Put between two layers of course flannel, about six inches square, and quilt them in. Soak for a few minutes in hot brandy, whiskey or alcohol and water, equal parts. Apply warm removing when it gets cold.—Dr. A. A. Smith, in *Med. Record.*

Medical Students.—There are 5,231 medical students in the twenty-four larger German universities. The number of medical students in the nineteen English medical colleges was, up to October 29th, 898. In the United States there are between sixty and seventy regular schools. The number of students is between eight and nine thousand·

Cat-gut the Bearer of Infectton.—Zweifel closed a small fistulous opening with cat-gut ligature. Death resulted; post-mortem showed it to be due to septicæmia, originating in the surface of the sore. The cat-gut was examined and a number of bactaria were found between its tissues.—*Cbt. f. Gyn., No. 12, 1879.*

Dr. Alexander Macalister has recently been elected to the chair of Anatomy and Surgery in the University of Dublin.

THE NEW YORK ACADEMY OF MEDICINE HAS A LIRBARY OF OVER 10000 VOLUMES.—The new Library Hall just opened cost, it is said, nearly $50000; it is two stories high and has sittings for 200 persons. 75 medical periodicals are regularly received. The society was organized in 1847 and incorporated in 1851.

PROFESSOR ERASMUS WILSON.—A munificent offer has been made by Mr. Erasmus Wilson to erect for the Margate Sea-bathing Infirmary a new wing, with wards for seventy patients, a tepid swimming-bath, and a chapel. The total cost will be over $100,000.

OVARIOTOMY.—Keith, of Edinburg has operated 70 times in succession without a death, and 100 times with only three deaths; in his and Spencer Well's hands, the operation has become less fatal than amputation of the leg or arm.—*Br. Med. Journal.*

MARYLAND
MEDICAL JOURNAL.

Vol. VI. Baltimore, February, 1880. No. 4

ORIGINAL PAPERS.

OBSCURE AFFECTIONS OF THE NERVOUS SYSTEM.

A PAPER READ BEFORE THE BALTIMORE ACADEMY OF MEDICINE, DECEMBER 16TH, 1879, BY A. B. ARNOLD, M. D., PROF. OF CLINICAL MEDICINE, AND DISEASES OF THE NERVOUS SYSTEM, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

The somewhat ambitious title of this paper would be misleading, if I did not indicate the limited range of the subject I intend to occupy. It is usual to speak of the obscurity of a disease, where its etiology and morbid anatomy remain undetermined or conjectural, and it is therefore only distinguished by its clinical features. There are however certain obscure nervous affections, which very frequently come under the notice of the general practitioner and urgently require his medical interference, but which are exceedingly puzzling because they even want that degree of uniformity in their symptomatology which is indispensable for a diagnostic basis. Some of them include, under a common name, various groups of symptoms, which bear no other relation to each other, but that they are often combined, or occur in succession. I especially refer to hysteria, spinal irritation and neurasthenia. These maladies are usually classed among the functional diseases, but on closer examination it becomes apparent that a great number of the morbid phenomena, thus separately grouped, are frequently associated with the symptomatology of otherwise well known pathological conditions.

There are perhaps no other expressions in medical use more vague and unprecise than the words, nervousness, nervous temperament, nervous diathesis, nervous constitution, &c., &c., and for all that, these terms attempt to signalize a morbid condition, as actually existing, as it is difficult to define. In a general way it may be said that certain persons manifest a congenital, a hereditary, or an acquired excitability of parts, or of the whole of the nervous system, which re-acts in an exaggerated or perverse manner. Or, in order to appear more exact, we may venture on the hypothesis, according to our present state of knowledge, that certain parts of the nervous structure may be in a state of unstable equilibrium, which under known or unknown influences develop symptoms of a character, which we clinically recognize as the expression of a nervous diathesis. It is well known that French authors assign considerable importance to this "nervousness," as an etiological factor in many neuropathic affections. When Sydenham says, that all women are hysterical, he probably means to indicate that the nervous system of the female is marked by a vulnerability, which readily oversteps the limits of health, from the effects of comparatively slight impressions. Others insist upon the necessity of distinguishing between the nervous and the hysterical disposition; because, a person may be nervous without being hysterical, while the converse is not true. I am inclined to believe that this distinction serves no other purpose, than to characterize by the term hysteria, those remarkable functional disturbances of the nervous system, for which medical men have not yet adopted another nomenclature. This coyness in substituting a more rational name for the malady in question, obliges all systematic writers on nervous diseases to remind their readers that hysteria occurs also in the male sex.

However little embarrassment the diagnosis of all ordinary cases of hysteria may cause the experienced physician, this protean malady assumes appearances which will tax all his diagnostic acumen. The case, which I shall briefly relate, acquires additional interest from the circumstance that the patient was a boy about 14 years of age, who previous to the date of his first attack had enjoyed excellent health. The symptoms, which at once attracted attention, were the labored breathing (the respiration being entirely abdominal), and the tumultuous action of the heart. He complained of no pain, but the face was expressive of dread and anxiety. Physical examination discovered nothing abnormal in the thoracic organs. The paroxysm of orthopnœa (for as such it appeared to me), lasted several hours, and after its termination the patient felt somewhat exhausted, but on the following day, after a sound sleep, he was perfectly restored and attended as usual to his occupation, which was that of an errand boy. I have had since then frqeuent occasion to see him during similar attacks which came on without any assignable cause, and, as there were no other evidences of disease, I began to suspect the existence of an obscure nervous affection, though if the patient had been a girl, I would at once have diagnosed hysterical asthma. The case cleared up by and by, on the occurrence of other symptoms, which accompanied the asthmatic attacks. These consisted of strange contortions of the body and a condition resembling trance, the paroxysm ending with a violent fit of sobbing. It was this regular finale of the attacks, which revealed the hysterical element. I must not forget to mention that my patient stoutly denied the practice of masturbation.

The next case is a remarkable instance of hysteria, in a man 62 years of age, for whom I had opened a large abscess in the axilla, which was followed by facial erysipelas. The stage of desquamation was marked by muscular weakness, somnolence and occasional wandering. Complete convalescense was interrupted by frequent paroxysms of stridulous breathing and suffocative cough unattended by expectoration. Sometimes a state of semi-unconsciousness supervened, during which the patient performed the most grotesque antics with hands and arms, the fingers being widely separated and very rigid. Most of these attacks ended with an explosion of crying or rather blubbering. It may seem rather odd to speak of hysteria in a sexagenarian, but the patient was not one of those old paralytics, who are inclined to be emotional and lachrymose ; and besides, no one would have hesitated a moment to pronounce such symptoms hysterical, if they had been witnessed in a woman. The well known fact that mental disturbances are not uncommon after attacks of facial erysipelas, hardly amounts to a serious objection against this opinion, for the diagnosis of hysteria mainly rests upon the peculiarities of the onset, the association, the course and termination of the symptoms. The following case deserves to be numbered among the curiosities of hysteria: A healthy looking woman 28 years old, the mother of two children, had suffered for a long time from headache, which corresponded to the description usually given of "clavus hystericus." She complained, also, of a number of other symptoms, which left no doubt as to the nature of her malady. About four months after the date of my first visit, a new and very strange symptom made its appearance. During the first few days of her menstrual period, she has considerable hæmorrhage from the nipple of her left mamma, which is accompanied by a burning sensation in this organ. I saw the blood trickling down from the nipple in large drops, and the closest examination could not detect the slightest abrasion. She is not nursing a child, her youngest being 4 years of age. Dr. Wilks, in his book on nervous diseases, relates a nearly similar case, He calls it *hydrosis cruenta.* In Hebra's work on skin diseases, several cases of this kind are also recorded.

It was certainly a triumph of clinical medicine, when symptoms were referred to the influence of a particular diathesis, that embraced psychical, sensory, motor, reflex, vaso-motor and trophic disturbance of a central or peripheral origin, sometimes occurring singly or in complicated groups, simulating frequently the symptomatology of nervous lesions in every part of the body, coming on abruptly, and disappearing as suddenly, or showing a remarkable obstinacy. A great amount of accumulated experience was evidently necessary before the multiplicity and variableness of hysterical symptoms would allow the suggestion of a morbid condition common to them all. The tendency of the hysterical element to involve different parts of the whole cerebro-spinal axis, so that in observing a large number of individual cases, every form of functional disturbance may come under notice, is a unique pathological condition and invests hysterical symptoms with a paradoxical character.

To ascertain the conditions and circumstances which favor or accompany the occurrence of obscure affections, for the purpose of obtaining a guide for our therapeutics, is undoubtedly of great practical importance, and this is particularly true of hysteria. Disturbances of the generative organs in the female have always been considered the most common exciting causes of this malady, but it is perhaps more than questionable whether hysteria is ever thus caused in cases where no constitutional pre-disposition exists for its development.

This brings me to speak of another obscure affection, which formerly had given rise to a most fanciful opinion concerning its agency in the production of a vast number of diseases, and which after having been abandoned for some time, again finds favor with some eminent observers. Of course I allude to spinal irritation. The connection between this symptom and hysteria is undeniable ; and because a few cups or a small blister over sensitive spinous processes are occasionally serviceable in relieving the effects of a so-called spinal irritation, this only shows, what is no secret, that hysterical females are not infrequently benefited by very insignificant remedies. Hyperæsthesia, in the region of the spine, may be no less an hysterical symptom than arthritic pains and sensitiveness of the abdominal walls, when other morbid phenomena are wanting that point to actual disease of the joints or of the peritoneum.

Although in practical medicine it is justifiable to refer a large number of ill-defined disorders in women to hysteria, it offers on the other hand great temptation to facilitate diagnosis by a too hasty judgement. There is reason to hope that with the advance of neurological studies, many of the so-called hysterical affections will find their proper place in a more exact pathology. A step in the right direction was happily taken by Dr. Beard, of New York, who has drawn attention to the widely prevalent morbid condition characterized by nerve exhaustion, and for which he chose the term neurasthenia. It can be easily understood, to what extensive and complicated forms of disorders such a pathological state of the centres of innervation must necessarily lead. Prof. Erb, in Ziemsen's encyclopædia, acknowledges the value of Dr. Beard's contributions to neuro-pathology by devoting a chapter to its consideration. According to the large experience of Dr. Beard, cases of neurasthenia are quite as common in the male as in the female sex. I have no doubt that the following case which lately came under my notice should properly be classed among neurasthenic affections:

H. T., is a barber, 23 years of age. He attends closely to his business, is confined to his shop from morning until late at night, and consequently but seldom enjoys the fresh open air. Had been ill for the past two months. His general appearance was good and there were no evidences of any serious disease. He principally complained of a fluttering at his heart, a choking sensation in his throat and faintiness. But the symptom, which gave especial alarm to his family was his dread of being left alone in a room. And strange enough, when he happened to go into the street and meet a collection of people, he become terrified and hastened home. The patient's trouble was entirely removed, after having been sent to the country with the instructions to live on "the fat of the land," and go early to bed.

There is one circumstance, in connection with obscure nervous affections in women, which I think has not received the attention it deserves. The malingering of hysterical females is notorious, but there is no reason why women should not be the victims of hypochondriasis as well as men. Judging from my own personal experience, I must confess, that I have observed many cases of interminable though ever changing complaints of bodily ailments that I would have stamped as hypochondriasis, if the patients had been of the male sex. Why this disorder should be the unenviable prerogative of men is not easily understood. I venture to say, that the following brief notes of a case would satisfactorily fit the description of a genuine hypochondriac:

Mrs. H., 54 years old, in comfortable circumstances. She related to me in a whining tone that she has suffered for the last ten years from a number of ailments, that render her life miserable. From the lengthy catalogue of her complaints I will only mention sick-headache, dyspepsia, liver-disease, womb-trouble, gravel, internal piles, inflammation of the bowels, kidney disease, night-sweats and rheumatism. She is extremely cautious in her diet, wears thick flannel during the summer, a liver-pad, a pessary, and a Pulvermacher's chain. She has taken any amount of medicines. In spite of all these diseases, the remedies and the appliances, she is the very picture of health. She was extremely pleased when I wrote her a prescription filling a whole page of fools-cap.

The limits of this paper prevents my pointing to other morbid influences, which bring in their train a host of nervous symptoms that tend to darken diagnosis. I would merely enumerate some of the best known such as chronic alcoholism, abuse of tobacco, coffee and tea, sexual excesses, the forced abstemiousness of spinsters and young widows, anæmia of the brain and spinal cord, and the wear and tear of body and mind in the hot race for wealth and distinction.

Keeping in view these circumstances, and many more that must readily occur to the physician, under which obscure nervous affections make their appearance, much valuable aid to diagnosis will be afforded. It happens in cases of this kind, as in all obscure diseases, that an acquaintance with the previous clinical history, and not so much the nature of the symptoms, not only assists in the recognition of the special malady, but also presents the proper indications for treatment. This is especially the case with hysteria. A hasty glance at the principal disorders that may owe their development to the hysterical diathesis is sufficient to show, how much the practitioner must be on his guard in order to escape diagnostic blunders. Mental disturbances of hysterical nature, not only present the well known features of perverseness or weakness of the will, emotional excitement or depression, but the language and the conduct of the patient may display a degree of moral depravity or exaltation of sentiment and behavior, which closely trench upon or actually pass into confirmed insanity. The functions of special and common sensation are frequently disturbed in various ways. Smell, sight and taste may be transitorily affected; trance, aphonia, laryngeal spasm, hyperæsthesia, anæsthesia or paræsthesia may be present, while neuralgias in different parts of the body are very common. In the motor sphere of nerve action extensive or limited forms of convulsive seizures, paralyses, cramps and rigidity of limbs and joints occur. Gastric, intestinal, uterine, ovarian and vesical derangements complete the host of maladies that may all have hysteria for a pathological basis. And as if the occurrence of these multifarious symptoms were not enough to embarrass diagnosis, it must be borne in mind that similar ailments variously combined, not uncommonly precede the onset of acute diseases, and appear during the course of chronic affections. Formerly it was the fashion, and to some extent it is now, to neglect or to think lightly of the suffering of hysterical females, for the reason of the favorable prognosis as regards danger to life. The little consideration which these patients received from the physician, as well as from their friends, was in some measure due to the imposition sometimes practiced by hysterical females, which has not inaptly been called "vulgar hysteria." At the present day, more concern is felt by medical attendants for persons, who are the victims of hysteria in any of its forms. We possess now in electricity, the bromides and chloral, therapeutical means, which exercise considerable control over many hysterical affections. There is indeed one remedy which, were it not for the great risk of inducing a deplorable habit, would highly recommend itself in the treatment of this malady. According to my personal experience there is no other remedial agent that acts so promptly in giving relief to a multitude of hysterical symptoms, as alcoholic stimulants. It is my conviction, that, many a sad case of intemperance in women originates in the power, which alcohol exerts in soothing the distressing sensations inseparable from nervousness and hysteria. In praise of the traditional anti-hysterical drugs, such as assafœtida and valerian it must at least be said, that they do no harm.

NON-UNION AFTER FRACTURES.

BY J. SHELTON HILL, M. D., BALTIMORE.

(Read before the Clinical Society).

Upon examination of the structural conditions, in ununited fractures, four varieties will be recognized; two of which may be regarded as stages of non-union, and two of falsejoint; in either case proceeding from incomplete to complete: they thus form a continued series of structural conditions, from imperfect union to perfect articulation.

In the first variety, the fractured ends of a bone may be united by an ensheathing cartilaginous callus; which, however, often fails to undergo ossification. This condition is recognized by partial mobility of the part when handled and the limb is proportionately useless.

In the second variety, total non-union exists, there being no kind of connecting medium between the fractured ends, which are also apparently diminished in size, freely movable and the limb is altogether useless.

In the third variety, most commonly in both fragments, the medullary canal is obliterated, the fractured ends are rounded and somewhat pointed, by absorption, and covered by the formation of a tissue resembling periosteum; they are connected together by a strong ligamentous band, or by several narrow bands, firmly attached to the bones. This new material is very pliable, and the incomplete joint thus constructed is movable proportionately to the length and laxity of such ligamentous connection.

The fourth and last class, is rarely seen. In this variety, it is claimed, a dense capsular ligament may be formed and contain a fluid, like synovia; the ends of the bone have become smooth and polished, possibly eburnated, or covered with points, probably thin plates of cartilage, and a synovial membrane similar to that of a natural articulation. The fractured ends are retained *in* *situ* by a dense and complete capsule, and connot be displaced unless subjected to considerable force.

Supporting the assertion originally made by Boyer, certain authorities have disputed the existence of this complete condition of false joint, a number of authentic cases are, however, recorded. In fact, Breschet readily produced complete falsejoint, in his experiments on animals, in which it seems to be the most common form of union.

The external causes of non-union after fracture, may be any circumstances which occasion motion of the fragments, beyond that degree which is compatible with the formation of callus and its ossific consolidation. Unsuitable retentive appliances will have this effect, or their unskillful application; so also, handling the part daily, or even more than occasionally, during the process of repair. Hence, the practice sometimes witnessed of frequently re-adjusting the limb, is as obnoxious, as that which formerly prevailed of close imprisonment in a fixed position.

Internal causes which prevent union, comprise; muscular action separating the fragments, as in fracture of the patella, and in that of the olecranon; or the interposition of any foreign body whereby co-aptation may be intercepted. A portion of muscle, tendon, or a clot of blood intervening, is thus obstructive. Bérard, however, reports the case of a fractured clavicle in which there was union by two pieces of bone which enclosed the subclavius muscle. Schmucker states another case, in which a piece of dead bone retarded the process of repair for eight months; when the sequestrum being removed, union ensued in four weeks. Other local internal causes which do not act mechanically as impediments to union, pertain to the function of nutrition, at the seat of fracture. They are, chiefly any obstruction to the circulation producing local anæmia; as by early, tight, or prolonged bandaging; wet, and especially refrigerant applications; or, on the other hand, inflammation, an abscess or ulcer, paralysis, or any persistent pressure on the nerves distributed to the seat of fracture; and finally, disease of the bone itself.

The effects of ununited fracture are entirely local and mechanical, by impairing the action of the muscles and the use of the part, the limb becomes wasted, powerless and useless, and the more so, as non-union is complete and permanent,

The first class of cases I mentioned, in the course of time frequently proceed to a natural cure. This takes place by ossification of the cartilaginous callus already formed, the case then becomes an instance merely of retarded, or delayed union.

The line of distinction between arrest and delay in the transformation of a cartilaginous into an ossific callus, is imperceptible, and therefore doubtful, in all cases.

Experience shows, that not until after four, six or even eight months have elapsed, is firm union by unaided nature, eventually improbable. In the second class of cases—that of total non-union, the process of natural cure supervenes by the formation of an uniting medium, and its ossific consolidation. In either of the varieties I have mentioned, the process of union may be arrested and the fragments become more movable by the formation of a false joint. In estimating the probability of the latter issue—that is falsejoint —statistics are at least trustworthy to show the infrequency of non-union, in any form, as the final issue of fracture. The results collated by Hamilton afford a sufficient body of evidence on this question. Amesbury alone, seems to have believed in the frequency of non-union. His experience extended to ninety cases. But Walker, of Oxford, affirms that of not less than one thousand fractures which came under his treatment at some period of the repair, he does not recollect more than eight instances. According to Lonsdale, not more than six cases of false-joint, excepting those within a capsule, have occurred out of nearly four thousand fractures treated at the Middlesex Hospital. In a table of 367 cases, collected and arranged by Dr. Morland, from the books of the Massachusetts General Hospital, extending through a period of nineteen years, only one instance of false joint is recorded; and as only seventy-four days had elapsed, when the patient was discharged, it is doubtful whether this might not have proved to be a case of delayed union, simply. Of nine hundred and forty-six cases of recent fracture, in the Pennsylvania Hospital, embracing the period of ten years, no instance of false-union followed the treatment pursued. Sir Stephen Hammick, Liston and Malgaigne, also bear testimony to the infrequency of these accidents. Hamilton has seen a considerable number of examples of non-union, but in not one of his own cases, has the bone refused finally to unite; and his opinion is, that in proportion to the total number of fractures which occur, such ceses are very rare, perhaps not more than one to five hundred.

In my own experience Mr. President, I may add four cases only have come under my observation, or treatment. Two were fractures of the femur; the fracture was located in the one case near the middle of the thigh, the other, at about the junction of the middle and lower third, in the third case there was a fracture of the tibia a little below the middle of the shaft. The particulars of the first case, which occurred in 1871, when I was Resident Physician at the University Hospital will probably be remembered by you, Mr. President, the attending surgeon. The patient was a man 40 years of age, with light hair and florid complexion, who had sustained an irregular oblique fracture of the right femur, near its middle, nine months previous to his admission. In this case an incision upon the outer side of the thigh was carried down to the bone, a loop of silver wire was then passed around either fragment, whereby the ends were tightly bound together. Notwithstanding no large blood vessels were cut during the operation, the patient bled profusely from the entire cut surface, the oozing of blood continued, and the man died from exhaustion on the following day. The history of this case, which could not be obtained until after the operation, proved him to be of an hæmorrhagic diathesis. It was then ascertained he had several times, nearly bled to death from what was considered a slight injury. The second case of non-union which came under my observation, was an oblique fracture of the left thigh of twelve months duration, the location of the fracture was at the junction of the lower and middle third. In this case I made an incision extending down to the bone, and removed half an inch of bone from each fragment, placed the ends of the bone in apposition, brought the lips of the incision, which was six inches in length together, by means of five metallic sutures, applied Prof. N. R. Smith's anterior splint, with an independent bandage covering the incision, dressed the wound daily with a weak solution of carbolic acid and lint, allowed the limb to remain suspended for nine weeks, at which time the splint was removed and the bone was found to be united. Three months after the operation, the man could walk with one crutch, one month later, he returned to his work as drayman, with the left leg nearly two inches shorter than the other.

The third case of non-union which has come to my notice, was a transverse fracture of the tibia, just below the middle of the leg. In this case after four months of skillful treatment by Dr. Latimer, the patient came under my care. I removed the pasteboard splint which I found upon the leg, and applied in its place, a splint of plaster of Paris, and suspecting a syphilitic taint, I ordered 10 grs. of iod. potass. tr. die, and continued it until the splint was removed The splint remained upon the leg seven weeks, it was then removed, and bony union was found to exist. This case may have been one simply of delayed union—had the splint not been changed, and the iod. potass. withheld, the same result, possibly, might have been accomplished; for guided by the natural course and tendency of ununited fractures; not until the lapse of four, six or even eight months, is the surgeon justified in concluding that union will not take place. The improbability of union, however, increases according to the time which has elapsed without the process of repair supervening, or adequately progressing. The period for surgical interference, if we have an opportunity of selection, should, I think, be some months before the fracture assumes the condition of false-joint.

With incomplete union, the general indication, of local treatment, is to encourage, or excite, the process of ossification in the cartilaginous callus, so as to complete the reparation. The fulfilment of this indication, consists in the continued treatment of the case as one of fracture. Inflammation, and its consequences, suggest local treatment. Another general indication is, to correct, if possible, any defective quality of blood, referable to the blood-diseases which are severally known to exercise some degree of prejudicial influence upon the ossification of callus.

Medicinal treatment should be supplemented by hygienic measures. Experience shows that a liberal proportion of animal food, with wine, beer, or whiskey proves in many cases, especially beneficial. These precautionary and soliciting measures having been persevered in, and failed, together with friction, stimulating embrocations and the application of galvanism; there is no alternative but to have recourse to some operative procedure. The only question therefore, is, the kind of operation which may now be requisite. In cases of incomplete union it should be remembered that a callus already extists, only, in an unossified state. It would be unsurgical, to undo, what nature has already so far accomplished, by any procedure of a destructive character, Acu-puncture, or subcutaneous incision of the cartilaginous callus has often had the effect of inducing ossification. Either operation is easily performed, the only precaution being to avoid wounding any nerve or vessel of magnitude adjacent to the callus, and at once close up the aperture, lest the fracture become permanently compound. In the second variety of cases—where there is complete non-union—the same treatment is indicated, and also the removal of any local cause which may be open to detection, and surgically accessible. The remedial measures referred to, not succeeding, then, and then only, is further operative assistance required. And what operation? There is no connecting medium whatever, and the ends of the bone have already undergone partial absorption, conseqently, the indication is, to remove the comparatively lifeless, and altogether ununited ends of bone. Excision for complete ununited fracture, is, in my opinion peculiarly appropriate, when the ends of bone cannot be retained in apposition, owing to an oblique direction of the fracture. Its performance should be guided by two important rules; the one negative, not to disturb the ends of bone from their bed, more than is necessary for excision; the other—a positive injunction—to remove as much bone as may be requisite, (thin slice after thin slice if necessary) to expose a healthy surface of bone at each end. Their apposition, is then, the only local condition essential to union. Reparation has been excited by passing a seton between the ends, as was first successfully practiced by Dr. Physick, of Philadelphia, in 1802, or by passing a seton around each end, as was suggested by Openheim. The objection to these operations, is that they do not remove the inert ends of bone, nor can the fracture possibly be reduced to a simple condition. Success has followed this procedure in fracture of the lower jaw, the clavicle, bones of the forearm and the humerus; while in the other chosen seat of ununited fracture, the femur, it has been nearly a total failure.

A loop of silver wire around either fragment has been substituted for the seton; whereby the ends of the bone have been tied together; or the wire has been tightened from time to time, until it has cut its way out. Both these modifications of the metallic ligature are objectionable and essentially, although not equally, provocative of profuse suppuration. Incomplete falsejoint presents a different structural condition, a yet further consequence of ununited fracture. Any operation of a destructive character, as by removal of the ends of the bone, is overruled by the fact that a connecting medium, in the form of bands of ligamentous tissue, already exists, which may be induced to become the matrix of ossification; hence the introduction of a foreign body here and there around the falsejoint, may have this result. The operation originally proposed by Dieffenbach, can be readily accomplished by carefully cutting down to the seat of fracture, drilling holes with Brainards perforator, then introducing ivory pegs four, five, six or more, and driving them tightly into the cartilaginous callus with a mallet. If the wound remains tolerably quiescent and consolidation of the fracture is found to have taken place after the lapse of five or six weeks, the extraction of the pegs can readily be accomplished, owing to the inflammatory action excited by their presence. By this method various authors bear testimony to "several" and "numerous" instances of perfectly successful results in their practice; but I have been unable to find the particulars of such cases. For my own part I have not hitherto experienced, or witnessed satisfactory results, of this treatment; but my experience has been limited. In a case of falsejoint of the humerus I witnessed the introduction of three ivory pegs, but the operation failed; it was repeated, and caused so much pain and swelling of the entire arm, as to compel the withdrawal of the pegs and the parts remained nearly as movable as before this twice-performed operation.

The fourth and last variety is complete falsejoint, and it forms the most irreparable structural condition; it would seem to suggest the same operation, as for the incomplete condition; but it appears to me, it should be thoroughly considered, whether the uncertainty of reparation taking place, and the peril of the operation, are not advantageously conterbalanced by a condition of structure, which although not that of united fracture, is yet a firm connection, with which the limb is proportionately useful; under these circumstances, it may be *better* to let *well* alone.

ON SOME OF THE USES OF ANTISEPTICS IN OBSTETRICS AND GYNECOLOGY.

BY T. A. ASHBY, M. D., LATE RESIDENT PHYSICIAN TO THE MARYLAND UNIVERSITY HOSPITAL; PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL, BALTIMORE; LECTURER ON OBSTETRICS, SUMMER COURSE UNIVERSITY OF MARYLAND.

(*Read before Baltimore Medical Association*).

When Mr. Lister first gave to science his splendid system of Antiseptic Surgery, his views were received by many members of the medical profession with that distrust and lack of confidence, which usually attend innovations upon well established principles.

There were to be found many surgeons who took issue with him, and who denied that the system presented possessed the virtues claimed for it.

The brilliant results secured by Mr. Lister and his followers, from the adoption of the antiseptic method of treating surgical wounds and accidents, have not been sufficient to dissolve away the prejudice or disbelief still prevalent to a wide extent. As an illustration of the views which are held by many surgeons upon this subject, I can not do better than quote the language of that distinguished author and surgeon, Mr. Thomas Bryant. In his Manual for the Practice of Surgery, Mr. Bryant says. "As an observer who has no prejudice for or against the practice, I confess that I neither recognize the modesty of the assertion nor the true spirit of scientific surgery it breathes; I can see in it the spirit of the advocate and the enthusiast, but not the calm mind of the judicial surgeon." "The system may be good, and if so, will find its place in surgery but over confidence in its power will not help it. Like others it will have to be judged by the true spirit of scientific surgery and by that alone; but first let us have the facts."

These words express the views of many members of the profession, and it is evident from their meaning that antiseptic surgery has not yet received that full share of confidence its numerous friends anticipated for it. Whatever be its merits in general surgery it is not my purpose to discuss them in this paper. I shall confine my remarks entirely to the use of antiseptics in obstetrical and gynecological practice, and endeavor to point out the brilliant results which have followed upon its adoption in these departments of surgery. An inquiry into this subject will show, I think, that antiseptic surgery in these branches of our science has secured such results as to entitle Mr. Lister's system to the highest degree of praise.

The adoption of any system of practice by the profession should be regarded in the light of true fact, and should be based upon a most careful study of results. In our day when the tendency exists to so great an extent to deviate from well established principles into by-paths of speculation and theoretical deductions too much caution can not be observed in receiving the views or teachings of an earnest advocate.

Antiseptic surgery, no doubt, has breathed too much the spirit of the advocate and enthusiast. Too much may have been claimed for it by its originator and his followers. It may have transgressed the bounds of scientific surgery. Let us inquire into the facts and see some of the results attributed to antiseptics in obstetrical and gynecological practice. If the study of results entitle any system to consideration then by all means let judgement be passed upon it, let it receive that attention its claims merit. It is only by the study of results that we are enabled to arrive at truth and to estimate the value of an agent or system of treatment.

During the past few years this subject of antiseptic surgery has received marked attention from obstetricians and gynecologists, and has been largely employed in their practice. Brilliant results have been brought forward, warm advocates have arisen, and the system has been pronouned a triumph of modern science. Whatever doubts have been thrown upon it in general surgery be it said, in all fairness, that to the use of antiseptics in practice the obstetrician and gynecologist are indebted for results which for brilliancy and importance have not been surpassed in any other department of medicine.

In reviewing the different operations in which this system has been employed, attention is first directed to the operation of ovariotomy; it is in this operation that the most marked results have been secured.

Up to within a very few years past ovariotomy was regarded as one of the most uncertain operations in all surgery, and was generally undertaken with grave forebodings of a serious result. The mortality in the operation was large and in the practice of the most skillful surgeons reached as high as 30 and 40 per cent. *Thus of 1408 cases, collected by Prof. S. D. Gross, of Philadelphia, in 1872, from various sources native and foreign 415 died, affording a mortality of 24 per cent., or one death in every three and two fifth cases.

In the practice of Dr. Washington L. Atlee, of Pennsylvania, who up to the time of his death had operated a greater number of times than any American surgeon, the mortality in 387 cases was about 30 per cent. Prof. T. Gaillard Thomas' 129 cases show 96 recoveries and 33 deaths. Dr. Dunlap, of Ohio has operated upon 143 patients, 112 recovered and 31 died.

Such were some of the results attending the operation of ovariotomy before the adoption of the antiseptic treatment. Com-

---

*McDowell oration, by S. D. Gross.

pare these results with those of more recent date, secured since the adoption of Mr. Lister's system. No where can more brilliant success be claimed than in Edinburgh, the home of the distinguished advocate. Mr. Thos. Keith, of Edinburgh, reports the most remarkable success yet achieved by any ovariotomist; thus of 284 cases reported by him, there were only 35, or one death in eight operations. At another time he reports 158 cases, with 12 deaths; again 77 cases, with 13 deaths, and of the last 49 cases not one death, thus verifying his assertion that, "this long despised operation is now the safest of all the great surgical operations at least judging from these results." Mr. Keith does not hesitate to ascribe much of his wonderful success in his late cases to the use of antiseptics.

In the *British Medical Journal* dated October 19th, 1878, Mr. Keith has a paper upon the results of ovariotomy before and after antiseptics. Without antiseptics his results during 14 years gave a mortality of almost 1 in 7; of the five years preceding the use of the spray, nearly 1 in 10½; of the last of these five years 1 in 21. He has now done 49 operations as carefully as possible under the spray. Two of the first eight died, the rest—41 in number all recovered. After discussing the results obtained by other operators. Mr. Keith comes to the following conclusions: "What, then, have we gained by antiseptics in ovariotomy?

I. It has lessened the mortality. Take the results of the German surgeons. After the first trials, even, the mortality fell at once from 50 per cent. to 20; 30 lives saved by the spray alone out of every hundred. When I add that my last forty-one have all recovered, enough has been said. No such successful series was ever got in the old way. Once Mr. Wells had twenty-seven successful operations in succession. But look at the wonderful list of 800 operations. How often did it happen that there was a run of deaths too many and occurring too often to be merely accidental, frequently four or five in succession, once seven, then ten out of twelve, etc. With antiseptics there will be no *per contra*, and such a run of deaths will come no more.

II. This increased safety will encourage medical men to recommend earlier operation, which certainly few of them do now."

Again he says, "with antiseptic ovariotomy the drainage-tube will not be nearly so often required. I do not think that it can be altogether dispensed with. No one has practiced drainage so much as I have, yet I know well that it sometimes cannot be used without risk." "Convalescence is rendered easier. Antiseptics are a great comfort and relief to the operator. Speaking for myself the difference is enormous; ovariotomy is not the operation it was 15 or 16 years ago, or even 2 years ago.

The best results in the old way were difficult to get, and no one knows, but he who has experienced it, the anxiety and weariness of spirit with which the struggle against the blood-poison was carried on in the early days of ovariotomy. It is something to think that no one will again have to suffer these experiences in the same degree, and it almost makes me envy the younger ovariotomists to whom the way in these days is made easy."

The results attending the operations of Mr. Spencer Wells are equally astonishing. In a letter to Prof. S. D. Gross, written in April last, Mr. Wells states, "I began the year 1878, with the 888th case, by adopting the antiseptic system of Lister, and have kept it up ever since the result of 45 cases being 40 recoveries and 5 deaths. The recoveries have taken place as a rule without fever. "I believe," he adds, "that the antiseptic system will certainly reduce mortality and reduce convalescence."

These results of Mr. Keith and Mr. Wells in Great Britain are confirmed by eminent ovariotomists on the continent and in our own country. Schroeder reports fifty ovariotomies, with forty-seven cures. All were done at the hospital, Lister's antiseptic method was invariably employed. In two of the successful cases, the patients were pregnant. Prof. Spiegelberg reports (*Berliner Klinische Wochenschrift May 5th, 1879*), the result of 35 hospital cases of ovariotomy performed according to Lister's antiseptic method in its fullest extent, with special reference to the question as to what treatment of the pedicle is most suitably combined with the antiseptic method. Of these 35 cases, only 5, or 14 per cent. died, whereas in 45 operations previously performed by him without the carbolic spray 20 patients or 45 per cent. died. In our own country similar results have been secured.

Prof. Wm. Goodell, of Philadelphia, than whom no more careful observer or authority exists in America, in a paper published in the October number of the *American Journal of Medical Science*, entitled Antiseptic Laparotomy calls attention to the use of Lister's treatment and reports a series of cases upon whom he had operated with the use of the carbolic spray. In these cases Prof. Goodell attributes marked results to the treatment employed. In concluding this paper he says, "while I do not advance my own limited experience, the wonderful results of English ovariotomists and the improved statistics of continental surgeons prove to my mind that antiseptic ovariotomy has won the day and that he who does not resort to it withholds from his patients a great safeguard against the most common perils of this operation."

I might go on citing authorities in substantiation of the claims of antiseptics in ovariotomy but I have quoted enough to show what has been accomplished, both in Europe and America, by its adoption. I am free to admit that much of the success here attributed to the carbolic spray may have resulted in part from other conditions. Beyond question those who perform this operation have become skilled in its practice, which would in part account for better results, and again cases now are selected with greater care, the details of the operation and subsequent treatment are more thoroughly understood. Notwithstanding these facts much must be attributed to the carbolic spray and antiseptic cleanliness.

The indications for the use of antiseptics are not limited to the operation of ovariotomy, nor does this important and grave operation claim all of the merits pertaining to the system. There is a wide range for the employment of antiseptics in obstetrical and gynecological practice, and equally good results are to be secured from their adoption in other conditions.

In speaking of antiseptics I do not confine myself to the use of the carbolic spray or of carbolic acid, for they by no means represent the entire class of antiseptic agents. Carbolic acid has generally been regarded as the chief among antiseptics. Its virtues few will deny. It possesses properties which place it in the lead of other equally useful agents and is preferred by Mr. Lister in his antiseptic spray and washes.

It will not be improper to assert that the employment of a special antiseptic is of minor consideration to the adoption of principles upon which, the application of all antiseptic agents should be based. One surgeon will prefer one antiseptic and another a different one. Each one will prove equally advantageous if judiciously employed.

The entire list of antiseptic agents may be resorted to in obstetrical or gynecological practice, each one meeting certain indications for treatment and each adapted to special conditions.

I take it that antiseptic surgery means not so much the carbolic spray or carbolic solutions as any antiseptic solution which will arrest putrefactive changes and destroy germs.

In obstetrics and gynecology the conditions in which putrefactive changes are met with are found to exist in a great number of cases. The puerperal state presents a variety of conditions which lead to septic absorption if not corrected by the proper employment of antiseptics. After childbirth the uterus and vagina present lesions of continuity through which septic matter brought into contact with them may be readily absorbed. The interior of the uterus has been barred at the placental site, its vessels are open and through this denuded surface septic matter may be readily introduced. Other sites of absorption are also to be found. How often do we meet with cases of lacerated cervix, abrasions or lacerations of the vagina, fourchette or perineum, retained portions of placenta, or blood clots left to undergo absorption or decomposition ? In all such conditions we find the strongest indications for the use of antiseptics.

Dr. Matthews Duncan has said that " more pain is prevented, more life saved by antiseptic methods than by all the recent improvements of modern midwifery combined, and there is no prospect half so bright and encouraging as that held out by the general adoption of the antiseptic treatment of the parturient condition." This distinguished authority upon midwifery is so impressed by the results of this system that he urges its universal adoption in obstetric practice and recommends that all of the details of the system be enforced. He advises the use of carbolic acid applied to the hand whenever it becomes necessary to introduce it within the vulva, vagina or uterus. He attributes many of the cases of puerperal septicæmia to the carelessness of the obstetrician in making digital examinations and carrying infection from case to case.

The most important indication for the employment of antiseptics is as a prophylaxis of septicæmia. Their timely and judicious employment arrests decomposition, destroys septic matter and removes the possibility of absorption by wounded tissues; they likewise purify and cleanse diseased surfaces, and induce healthy reparative action. After septic absorption has occurred antiseptics should be employed to wash out the uterine cavity and remove offensive discharges. Playfair recommends thorough disinfection by washing out the uterine cavity twice daily, by means of a Higginson's syringe with a long vaginal pipe attached. "The results," he states, "are sometimes very remarkable, the threatening symptoms rapidly disappearing, and the temperature and pulse falling so soon after the use of the antiseptic injections as to leave no doubt of the beneficial effects of the treatment."

Intra-uterine injections of antiseptic fluids act in a two fold manner. They not only arrest putrefactive changes and prevent absorption, but remove the offending matter from the uterus, and thereby induce a healthy reparative action. It is safe to say that in nine cases out of ten, septicæmia may be prevented by the timely use of this prophylaxis. I firmly believe if antiseptics were invariably employed in obstetrical practice that septicæmia, puerperal fever and, I might add, pelvic peritonitis and cellulitis would be rare complaints,

It is clearly proven, I think, that intra-uterine injections in the parturient woman are as harmless of evil, when cautiously administered, as they are powerful for good. Such injections should be given with the gentlest possible force sufficient to throw the fluid within the cavity of the uterus. Accidents do now and then occur, and cases of death are reported from their employment. The cause of such accidents may be looked for in the carelessness of the administration, such as undue force causing the introduction of air or fluid into the uterine sinuses, or abdominal cavity.

Dr. J. R. Chadwick, of Boston, recommends the following method of intra-uterine injection which is safe, and its general adoption might prevent many of the accidents now reported: Dr. Chadwick says. "Injections into the vagina should be made with the patient lying upon her side until the fluid begins to ooze from the vulva, the patient is then gradually turned upon her face while the injection into the vagina is continued; by this plan the vagina is distended to its utmost, as in the knee and elbow position, while the uterus gravitates into the abdominal cavity and allows the fluid to flow through the patulous cervical canal into the cavity of the organ with the force of pneumatic pressure, any air thus forced into the vagina by the syringe will remain in the vagina, and thus the possible danger of its passage into the uterine sinuses be avoided."

Intra-uterine injections possess, to my mind, better promise of good results than any method of disinfection now employed. They are easy of administration, and can be employed for antiseptic purposes when it would be impossible to make applications in any other manner. Patients will seldom object to their use, and so soothing is their action upon wounded and inflamed tissues that they are generally eager for more than the first injection. The antiseptics to be used in intra-uterine injections must be determined by the physician. Carbolic acid is generally employed in a dilute form, but it is open to this one objection. It is liable to be absorbed from the uterine cavity, and produce poisoning, and even a fatal result, though cases of this character are fortunately rare. A solution of permanganate of potash makes a most excellent preparation for intra-uterine injection and possesses this great advantage over carbolic acid that it gives evidence by a change of color in the solution from a deep dark to a dirty yellow, so long as there is putrid matter brought in contact with it. Permanganate of potash is very convenient for use as chrystals may be carried in the vest pocket, and a solution of any strength can be made within a very few moments. It has an astringent effect upon the denuded surfaces of the uterus or vagina, and deprives them for a time of absorbent properties. A diluted solution of the liquor ferri subsulphatis makes a most excellent antiseptic and astringent wash, and is preferred by some authorities. The particular antiseptic employed is perhaps of less consequence than the thorough cleansing of the uterine cavity by a suitable fluid. To secure freedom from danger in the use of intra-uterine injections, the mouth and neck of the uterus should be well dilated to allow of the free escape of the fluid injected, and powerful astringents or antiseptics should not be employed unless sufficiently diluted to prevent an escharotic action. Again the use of such injections should not be entrusted to an inexperienced nurse, but should be administered by the physician.

I have referred to the employment of antiseptics as a prophylaxis of septic trouble and in the treatment of this condition when it exist. My remarks have been made with reference to septic absorption of an *autogenetic* character, that is to that class of cases in which the septic matter originates within the patient so that she infects herself. These sources of self infection are various, but I have referred to them in a brief manner. They may be defined as any condition giving rise to decomposition either of the tissues of the mother herself, of matters retained in the uterus or vagina that ought to have been expelled.

I now come to that class of cases in which the septic matter is conveyed from without and brought in contact with the wounded or denuded surfaces of the parturient female. To this form of septic trouble antiseptics are most admirably adapted, and to their employment must we date a diminution of such contagion. The manner of contagion in cases of puerperal septicæmia is as yet in dispute, and authorities are undecided as to whether actual contact of septic matter alone is required, or whether the elements of contagion are of a zymotic character specific in nature as in typhus, smallpox and other zymotic diseases. The weight of authority is, I think, strongly in support of the first assumption that actual contact of septic matter is the primary cause of puerperal septicæmia. Playfair (Page 572) says. "The assumption of a puerperal miasm is unnecessary. The more closely the history of these outbreaks in hospitals is studied the more apparent does it become that they are not dependent on any miasm necessarily produced by the aggregation of puerperal patients but on the direct conveyance of septic matter from one patient to another." If we recognize the sources from which septic matter are conveyed from without it will not be difficult to trace the origin of *heterogenetic* infection in many of the cases which are met with in hospital or private practice. It is clearly shown that certain of the zymotic diseases may produce a form of disease identical in character to puerperal septicæmia ; thus scarlatina, it is stated upon the testimony of Dr. Braxton Hicks, was the cause of puerperal disease in thirty-seven cases out of sixty-eight cases of this disease observed by him. Diphtheria is recognized as a rare cause. The same authority mentions one case in which the diphtheritic poison was traced, although none of the usual phenomena of the disease were present. Instances of the zymotic origin of puerperal fever are not common and it is not with this form of contagion that we are called upon to deal. Forunately this cause of contagion is more easy of removal and is recognized with less difficulty than contagion induced by the actual contact of septic matter. The most careless practitioner would not fail to isolate a puerperal patient from one suffering from scarlet fever or diphtheria, yet the most cautious are, at times, guilty of indiscretion in attending confinement cases without exercising the most common rules of cleanliness and disinfection. It is against this system of practice that words of caution should be addressed. It would be safe to affirm that a majority of the cases of *heterogenetic* septicæmia are caused by the carelessness or indifference of medical practitioners, and it is to this class of men that antiseptic midwifery extends her warnings, and proffers her valuable services.

Antiseptic principles enforced by the weight of professional opinion will do away with a reckless and careless practice of midwifery. Let the profession once fully recognize the value of antiseptics as the preventives of septic contagion, enforce their adoption in obstetrical practice, and I feel assured the puerperal state will be relieved of many of the complications which now imperil and surround the lying-in-woman. Were I to define a rule for the guidance of the obstetrician in every case of labor I would most unhesitatingly recommend the liberal and free use of antiseptics in every stage of labor. I would say begin disinfection before entering the confinement room, employ antiseptics in each and every examination, and continue them freely during the entire convalescence of the case. It is my firm conviction that to the adoption of this system of purification and cleanliness the future of the obstetric practice will owe its brightest and most permanent results.

In speaking of the treatment of puerperal disease, Leishman, (page 694) says, " It is impossible to exaggerate the importance in its bearing upon prophylaxis, of the strictest attention to cleanliness on the part of the practitioner, who in an ordinary case should wash his hands not only after but before each examination. Such a precaution would no doubt be scrupulously observed, had he just come from a case of scarlatina, or erysipelas, or from a post-mortem examination ; but, the more completely the doctrine of septic infection is established, the more clearly does it appear that the great majority of cases of puerperal fever are preventable, and, if so, we may be sure that to act, in every case, as if we had special reason to fear that we might propagate the disease, is the surest way to reduce the risks to a minimum."

In speaking upon this subject elsewhere this same author says, " It is true that disease germs have never been seen or traced through the air ; but practice founded on this belief has, in the hands of Lister and his pupils been attended with brilliant results. Is it too much to hope that one day, by a process of antiseptic delivery, the fearful danger of this poison may, even in hospital practice, be reduced within narrow bounds, to the benefit of humanity, and the lasting credit of modern science ?"

I think I have pointed out a line of practice, supported by undeniable authority, which if duly considered and carefully inquired into, will lead to better results than have yet been known in obstetrical practice. I have not gone into this question of antiseptic midwifery as fully as should be done. It is a subject which opens up a wide field for study and original thought. As yet the germ theory of contagion is one of *theory*, rather than of practical demonstration. We know that antiseptics modify or destroy the germs of contagion rather by clinical results than from actual proof based upon a true knowledge of such power.

Future investigations may show the true relation of antiseptics to the germ theory of contagion, and possibly will enlighten the present system of antiseptic practice. Until that period arrives principles of treatment must be more of an empirical character, and drawn from a practical study of results. If results of this character, are to be accepted, as we accept the action of other therapeutic agents, then I think it has been demonstrated that antiseptic midwifery has won the day, and is entitled to recognition and adoption by the profession.

CLINICAL LECTURES.

A CLINICAL LECTURE UPON PRURITUS.

BY I. EDMONDSON ATKINSON, M. D., CLINICAL PROFESSOR OF DERMATOLOGY, UNIVERSITY OF MARYLAND.

Gentlemen :—The man whom I now show you is sixty-five years old, of tall and slender frame, and has a pallid face, indicative of much suffering, which, upon inquiry, we find has been partly physical, partly mental. When I question him, he at once plunges into a rambling and absurd account of a woman having "poisoned his blood," by handling his genitals. When we examine these parts however, there is but very little noticeable disorder. His penis is free from morbid appearance, and his, scrotum, penis and groins show only here and there a papule a supeficial erosion, a small black scab of dried blood, a linear scarification from scratching; nothing else. According to our patients account, his malady began five or six years since with a dreadful itching the origin of which, he attributes to the contagious manipulations of a prostitute, with whom, however, he had no other relations. This itching allowed hardly any rest night or day, but has always been especially tormenting at night when in bed. It would come in paroxysms of indeterminate length, and would impel him to fierce and uncontrollable scratching with his nails or any convenient substance, capable of momentarily relieving his unpleasant sensations. Formerly he experienced a sense of intense itching and formication; latterly, however, he complains more of a burning, tingling feeling.

During all this period there have been but insignificant objective symptoms. From time to time the scratching has called forth a mild attack of eczema; but this has always been of little severity. Whatever visible lesions are present, are to be ascribed to secondary changes; they are not essential parts by the disease. The man is, as you see, not far advanced in years, but his sufferings have quite incapacitated him for labor, and he has gradually come to have his whole attention concentrated upon his physical condition, and is unable to interest himself in any other affairs. Apart from his pallid and care-worn appearance, this patient seems to be in moderate health. The disease, pruritus, that has interfered so much with his happiness, is one that we are able to recognize only from the representations of him who h

This other old man is affected similarlynce co h with him the affection is not local. He is subject to violent attacks of itching of the general surface, most intense, however, under the clavicles. You will observe a scattered eruption of papular eczema along with excoriations and blood-crusts, caused by the tearing with his finger nails. Question him, and the very recollection of his suffering moves him to tears, and with feeling language and eloquent looks, he will give you the history of his malady. Up to a year or two past, he was stout, and healthy, with the exception of some scaly eczema of the hands which caused some discomfort. Lately he has lost much flesh, and he complains that he passes large amounts of urine, being obliged to leave his bed several times during the night to empty his bladder. The itching of his general surface he describes as most intense, and declares that he would rather be dead than endure it longer. An examination of his urine reveals the presence of a small quantity of sugar. It is otherwise healthy. The sensations of itching experienced by sufferers from this disease vary greatly in character and intensity. Patients usually complain of an ordinary itching, such as you all are acquainted with. But occasionally the sensation is as if thousands of ants or other small insects were wandering in or upon the skin. Sometimes a burning heat is most prominent. The itching and burning may be so intense as to render life burdensome, as with these two old men. As usually encountered the itching is moderate, and only occasionally impels the patient, irresistably, to scratch. This impulse often subjects the patient to much mortification, and may drive him to avoid all society. When the pruritus affects the genitals or anal region, the annoyance is, at times, intolerable. Upon those parts it is sometimes most distressing, and upon the female external genitals, the atrocious itching, and the friction of the parts in scratching, may induce, unhappily, habits of onanism.

The affection may be to all appearances, idiopathic, as in our first case. But it is often symptomatic of some other disorder. Thus our second old man, we have seen to have diabetes mellitus; and as this disease often gives rise to violent cutaneous itching and eczem ATKII disturbances, it will always be prudent to ascertain, in obsLOGY, uases, the condition of the urine. Various disorders of the kidneys and liver, various intestinal affections, various uterine derangements may occasion it. Not seldom, it follows the ingestion of certain drugs, as the preparations of opium, etc. Temperature will often be found to exert a marked influence in its production; indeed there is a variety of the affection which only prevails in cold weather. These two patients present fair examples of this pruritus hiemalis, or winter pruritus, as it has been called by Prof. Duhring, who first described it.

These young men will both tell you that they have been subject to these attacks during the winter season for several years past. They remain throughout the spring, summer and early fall, without a symptom of their enemy; but almost co-incidently with the first frosts of winter, their skins will begin to itch. But it must be remarked that the itching is variable in degree and in the duration of its paroxysms. One of the patients hardly ever suffers during the day time, but only after working hours the itching will begin, and extend far into the night.

Just as in ordinary pruritus the symptoms may be local or general, so we find here, that the like condition prevails. Both of these patients, while complaining of general itching, indicate certain localities as much more liable to it. In the one case, it is the inner surfaces of the thighs that the severest itching is experienced. The other patient complains of a formication spreading over the shins. It is really remarkable to observe how closely this form of the affection varies in intensity with the state of the weather. When the temperature is elevated, the itching will be reduced to a minimum, while, with the blossoms of spring it entirely vanishes. Examine the skin of these men and you will find positively no evidence of disease unless it be the insignificant lesions super induced by the scratching, and which will readily disappear with the alleviation of the pruritus. You will usually find, where the pruritus is general, that certain parts are affected more strenuously than other; when it is local, the external genitals, the anal regions, the face, the palms and soles are most frequently involved.

We must often remain in total ignorance concerning the predisposing causes of this malady; but, as already mentioned, it may result from a reflex irritation, the source of which we may recognize, if not remove. Our prognosis will very much depend upon the nature of this reflex irritation. If it be due to remediable cause, such as the presence of ascarides in the rectum, or certain uterine or gastric or intestinal disorders; upon certain ingesta; upon certain kinds of wearing apparel, as sometimes happens, we may be able to permanently remove the distress of our patients. But it will often happen, that a cure cannot be achieved, and the most that can be promised, is partial relief. This is especially the case in puritus of elderly persons, and often, in winter pruritus.

It is not difficult to diagnosticate this affection when uncomplicated. The only sources of embarrassment are the consecutive eruptions that are evoked by scratching and by irritating applications. These eruptions are usually of eczematous nature, and being, themselves very itchy, it will be necessary to ascertain the order of precedence of the symptoms, and the presence of the pruritic sensations upon parts not involved in eruption. The torn and bleeding papules, the excoriated streaks, the small blood scabs, the scattered pustules so often encountered, must not mislead you, when they are due to scabies or itch, or to the presence of pediculi. Either of the latter affections may and often do exist where little suspected; and it is always incumbent upon the medical man to bear this in mind. Scabies may be positively recognized by the characteristic furrows caused by the female acarus in laying her eggs, and by its affecting certain localities, such as between the fingers and the penis in the male, and in the female, the mammæ. Careful examination of the furrows, moreover, will often result in the discovery of the itch mite itself. Phtheriasis may be followed by secondary eruptions similar to those of pruritus, and due to similar causes. Search along the seams and creases of the undergarments will usually detect the lice when present.

Pruritus, then, is a cutaneous affection, for the recognition of which, we most depend upon the representations of its subjects. We will be able to detect, by ourselves, absolutely nothing. The secondary eruptions caused by scratching, etc., are not distinctive. You will therefore be careful to distinguish between pruritus and other maladies, revealing themselves by an eruption as an essential feature. The term, prurigo, formerly employed to designate a variety of disorders, whose most prominent symptom was itching, now applies to a very rare and intractable form of disease. Fortunately you will probably never have to make use of this term in its correct signification, in the practice of your profession. Pruritus as I have spoken of it this morning, will come frequently under your notice; and will, I fear often baffle your efforts to overcome it. Of course, it is evident that when a patient has spent day and night in restless torment, there must result profound disturbance to the general health, from loss of rest, from nervous perturbation, etc. Patients with pruritus will often present themselves before you with a trani of symptoms, clearly indicative of great disturbance of digestive functions, of the nervous system, of anæmia, etc. Under these circumstances you will find it necessary to employ such tonic remedies as may seem suitable—peruvian bark, iron, cod-liver oil, nux vomica, etc., are often required. Where the pruritus depends upon disorders of digestion, of the sexual apparatus, of improper ingesta, improvement, and ever cure will often follow the correction of these affections. But unfortunately, we are not in possession of remedies whose influence over the disease can be said to be specific. There is no medicine that we can administer with the confident expectation of curing our patients. At the hands of some dermatologists, carbolic acid seems to have been of decided benefit; and it may be worth your while to try it. It may be given in pill or in solution, beginning in doses of one or two drops twice or thrice daily. It is to remedies applied locally that we must look for nearly all the specific influence that medical art is able to afford the sufferer from pruritus—and fortunately, of these there are many, more or less effective, at our disposal. Baths, hot, cold, tepid and medicated are often used; and in determning the kind of bath to use, we can not rely upon any rule of treatment. A warm bath taken before retiring will frequently secure a night's rest; cold bathing will sometimes secure the same result, as will bran and alkaline baths. From three ounces to a pound of bicarbonate of soda may be added to the water, and the patient immersed for from ten to fifteen minutes. In drying the body, a soft towel must be used, and the surface should be dried, not by rubbing, but by gentle patting as is observed with infants. It will always, be necessary, however, to employ applications whose action is directly anti-pruritic. Of these a favorite and very effective one is carbolic acid in solution or incorporated with an ointment. A lotion of from five to ten drops of carbolic acid with a few drops of glycerine to the ounce of water or an ointment of the same strength frequently suffice to control the itching. The solution should be frequently applied to the itching parts with a soft sponge or cotton or linen rag, and allowed to dry. The ointment should be rubbed in with the hand. The carbolic acid may occasionally be doubled in strength. Chloroform may be added to the ointment with profit, in the proportion of a drachm to the ounce. This preparation has proved very soothing to this old man with the pruritus genitalium. Borax will often effect wonderful results, and is of especial value in pruritus of the female external genitals. It has acquired a wide popularity. From a few grains to a half-drachm to the ounce of water may be employed. Morphia in various combinations may do good. Dr. Bulkley has recommended an ointment of one drachm each of camphor and chloral hydrate to the ounce of cold cream. The chloral and camphor should be rubbed together until liquid and then mixed with the cold cream. Indeed, very many remedies have been recommended by various writers at various times. But the fact remains that one can not rely upon any one agent in every case. I have found applications having hydrocyanic acid in combination generally far more efficient than any other class of remedies. A lotion of especial value is the following one proposed by Prof. Erasmus Wilson :

℞.	Emulsion of Bitter Almonds,	fʒvi.
	Dilute Hydrocyanic Acid,	fʒii.
	Alcohol,	fʒxiv.

Mix.

This should be applied frequently, and allowed to dry upon the part. A bland, fatty application following the use of this lotion will prevent the skin from becoming dry and harsh. Equally effective is an ointment containing from three to six grains of potassium cyanide to the ounce. Whatever methods you employ you will often meet with cases that will require all your skill in combatting, and not unfrequently you will be quite baffled. The indications for the treatment of pruritus hiemalis do not differ from those of ordinary pruritus. I think I can safely promise that you will often succeed in giving your patients complete relief from the present attack, though you cannot prevent the tendency to recurrence with the next cold season.

* * *

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD DECEMBER 16TH, 1879.

Dr. A. B. Arnold read a paper entitled "*Obscure Affections of the Nervous System.*" Reference was particularly made to Hysteria, Spinal Irritation and Neuro-Asthenia. The obscurity of these affections relates not only to their etiology and morbid anatomy, but also often to their diagnosis and symptomatology. Cases in illustration of various phases of hysteria, drawn from both sexes, were related. The connection of hysteria with any particular organ, was regarded with disfavor, and the view advanced that it was rather an exaggerated degree of that condition which we call nervousness. Alcoholic stimulants were considered the most potent agent for the relief of hysterical affections, but the danger from their use was fully pointed out. Valerian and assafœtida have only a negative value.

Dr. P. C. Williams said that both alcohol and chloral should be avoided in hysteria. He had seen the habitual use of both originate from their employment for the relief of hysteria. Chloralism is as distressing as intemperance. The disease involves no danger to life and we should hesitate to subject our patients to evils worse than the condition we seek to relieve.

Dr. H. P. C. Wilson agreed with the previous speakers as to the effects and dangers of alcohol. Few patients consult him for uterine disease of long standing, who are not addicted to the use of alcohol, opium or chloral, the frequency of use corresponding with the order in which these agents are here named. He follows one rule in commencing the treatment of all cases of uterine disease: To stop short the use of any of these to which the patient may be addicted, and never to order either for a hysterical woman, unless its use be imperative and then by the bowel or hypodermically, so that she will not know what she is using.

ERRATUM:—In the Report of the Academy of Medicine, contained in the number of this JOURNAL for December, a patient, whose case was mentioned by Dr. C. Winslow, is said to have taken by mistake, and repeated the dose almost immediately, one ounce of tinct. gelsemii; it should have been one drachm. E. F. C.

Dr. Wilson said that he never sees hysteria, in either sex, without some organic cause, which is generally referable to the genital organs.

We cannot manage uterine disease in private practice as we can in hospitals, because it is impossible in the former case to break off the bad habits of patients, without which cure is not to be expected.

Dr. Arnold said it would greatly simplify the pathology of hysteria if we could refer it to one organ of the body, but this is manifestly impossible as the variety and disconnectedness of the symptoms show. How can we establish a relation between these different phenomena and the genital system? They point rather to some general or systemic cause. The strain upon mind and nervous system (as from grief, &c.) is greater than that upon the genital organs. Now items bearing upon this part of the patient's history are precisely those which we are not apt to get, whereas we readily find womb flexions, &c. If hysteria be referable to the generative system, how account for those cases of hystero-epilepsy after the menopause, reported by Charcot, or for those undoubted hysterical manifestations occurring before puberty? Moreover cases of uterine disease without hysteria are common enough. If it depend upon conditions referable to the womb, then the symptoms must be entirely reflex in character. But we must go further back in order to seek the pathology. All that we are justified in saying at present is that it has a number of exciting causes, but these alone are incapable of producing it except in the presence of a certain constitutional nervous peculiarity. In some women no exciting cause will produce it, but if this constitutional condition be once brought on, the womb troubles may act as exciting causes, and they may possibly be the most frequent exciting cause of all. Many neurologists entirely ignore the uterine theory. Nothing will take the place of opium, alcohol and chloral in the treatment.

Dr. Wilson replied that these agents are only palliative not curative, and require repetition.

He did not wish to be understood as implying that affections of the ovary and womb are the only causes, since it occurs in the male sex.

Hysteria is a morbid state of mind and only one form of nervous trouble reflected from the sexual organs, which are the centre of nervous sympathy in woman. It was the organic cause of hysteria to which he would call attention.

Dr. J. Carey Thomas said that it becomes often the duty of the physician to withhold from the patient a knowledge of the existence of disease, instancing the views of Flint with reference to heartmurmurs. The only effect of such information in many persons of strong imagination and easily excited fears, would be to produce a permanent morbid condition of the mind, rendering life miserable and aggravating perhaps rather than benefiting the possibly slight disease present. A case of syphilophobia was cited, in a young man who had been in the hands of a quack, to show the powerful and permanent impression upon the mind of information, even when false, given to patients.

Dr. Williams thought that young girls had better be left to suffer with many uterine diseases, than to have their minds rendered morbid and melancholy by the examinations and treatment necessary for their relief or cure.

Hysteria is at most only a reflex trouble, no matter where the exciting cause is. Hysterical symptoms are not the disease. We ought to go back and give name to the primitive organic trouble upon which these phenomena depend, and of the development of which they may be only the first appreciable signs. In the study of this subject specialists lay undue stress upon their special departments.

There are times at which we are bound to prescribe the objectionable remedies named, although ordinarily the speaker would oppose their use. Many women become hysterical in order to get the stimulant, and the only way to cure these is to let them understand they are not to have it.

Dr. Thomas requested the experience of the members of the Academy as to the length of the *Stage of Incubation in Diphtheria.*

Dr. Williams related a case in an adult where it seemed to be nine days.

Dr. Arnold was under the impression that it was rather short. He once saw seven persons in one house take diphtheria, all within a period of ten days.

Dr. D. I. McKew said there were so many sources of contagion in a city that the point is one difficult to decide here; he thought that physicians practising in the country had the best opportunities for settling it.

Dr. Jas. Steuart thought the susceptibility to the disease differs, and that during an epidemic the period of incubation is probably much shorter than where the disease is conveyed from one person to another. He related cases in which the duration seemed to be five and ten days respectively.

Dr. Cordell related a case of *Adherent Placenta after Miscarriage* *in the third month.* There was profuse hemorrhage, estimated at about one gallon. The placenta had to be scraped off piecemeal from its seat of attachment by the fingers, the entire hand being introduced into the vagina, under chloroform, for this purpose. There was no further hemorrhage and the patient slowly recovered from the extreme exhaustion.

MEETING HELD JANUARY 7TH, 1880.

Hysterical Mydriasis Simulating, and Treated for Amaurosis. Dr. Chisolm related the case of a young lady, aged 21, who applied to him for treatment, on account of loss of sight of one eye, which, according to her statement, originated in a fall from her horse nine years before, but which grew much worse during a recent and violent attack of gastric fever accompanied by vomiting of blood, from which she had suffered four months previous to her visit. She had lost entirely the power to distinguish objects and could only discern light; she was unable to count the fingers held before her. She presented a good condition, notwithstanding her declaration that she ate but little, and slept very badly. She had been under the care of several physicians, for many months past, for what they had pronounced as amaurosis. On careful examination, the only abnormality to be discovered, was dilatation of the pupil of the affected eye.

Suspecting that the defective vision was feigned, and unreal, the patient was required to look through a stereoscope at two pictures—a bird and a cage—one placed before each eye. Now, if the sight of one eye were lost, the picture placed in front of it would of course not be seen. On being asked what she saw, she replied—" a bird in a cage,"—showing that she had good sight in both eyes.

Modification of the Operation of Section of the Optic and Ciliary Nerves for Sympathetic Opthatmia. Dr. Chisolm also mentioned a simplification of this operation, which consists in an incision through the conjunctiva, from the inner edge of the cornea to the caruncula. Access is thus gained to the bottom of the orbit, and the necessity of dividing the internal rectus and stitching it again to its point of attachment to the ball (an essential feature of the old method) avoided.

Aneurism of Ascending Portion of Arch of Aorta. Dr. Tiffany reported a case in which a small sacculated aneurism involved the commencement of the aorta, one inch above the aortic valves. It was situated partly within the pericardium, and only became visible on opening this. The patient—a robust teamster, aged 45, had only been under observation one week, and death occurred from an intercurrent affection. Three weeks before coming under treatment, this patient began to suffer from occasional dyspnœa, with swelling and cyanosis of the face (especially on first rising in the morning). He complained of slight pain in the right mammary region, the veins in the same situation and also over the liver were dilated, there was slight dulness at the base of the right lung in front, and the right half of the chest expanded $\frac{3}{4}$ inch more than the left. The respiratory murmur was everywhere normal, there was no bruit discoverable on auscultation, the pulse was 76 and alike on the two sides, the voice was natural and there was no cough. The man could assign no cause for the trouble. During the attacks of dyspnœa, the only way he could obtain any relief was by lying in a prone position over a bed with his head hanging down over the edge. The diagnosis made was probable aneurism of the commencement of the aortic arch, projecting backwards, and to the right. The treatment ordered was veratrum viride, recumbency, restricted and dry diet, and avoidance of fluids, but of course a sufficient time had not elapsed to test the virtue of these measures. The dyspnœa and cyanosis were found to be due to pressure of the tumor on the ascending cava vein, and recurrent laryngeal nerve.

Dr. Cordell referred to the diagnostic importance of persistent pain in the spine in cases of aneurism of the aorta. His attention was first directed to the great value of this symptom by a paper of Dr. Lidell, which appeared about twelve years ago in the *Am. Jour.* of *Med. Sciences.* In reliance chiefly upon it, he had been enabled to make a diagnosis in at least two cases, which otherwise would have been exceedingly obscure. Its characteristic features are its obtuseness, its persistence and its fixedness. The significance of these features is of course to be sought in other considerations (positive and negative) relating to the case, upon which their correct interpretation depends.

The following case was related in illustration: He was summoned, in great haste, to see a man of about fifty, who was suddenly seized with alarming symptoms. On arrival he found the man lying on the bed dead. The family and friends were seated around, and not at all suspecting the fatal issue. On inquiry it was learned that he had been complaining for some time of slight chest trouble, and of a pain in the spine between the scapulæ, constant but never severe, and that these symptoms had not prevented his attention to his business,—that of a retail merchant. A pretty confident diagnosis of aneurism of the arch of the aorta was expressed, which the post mortem shortly after verified.

Dr. Tiffany said that pain in the spine could only occur as a result of erosion of the vertebræ. He illustrated by a diagram the relative position of the aneurism and spinal nerves, to show that the former would not only have to pass around the bodies of the vertabræ to reach the seat of the latter, but that the latter emerged from the posterior surface of the vertebræ, and then passed outwards behind the ribs, which effectually protected them from pressure. Dr. Tiffany said that he averaged about two post mortem examinations of aortic aneurisms a year.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

BALTIMORE CLINICAL SOCIETY.

MEETING HELD DECEMBER 19TH, 1879.

Dr. J. Shelton Hill read a paper on "*Non-Union After Fractures*," which is published in full in the present number.

Dr. I. E. Atkinson reported a case of *Chancre in a Negro Boy Aged 10*, which seemed attributable to infection derived from his cousin, a girl of 8. The girl was sick first. At the time of examination she presented mucous patches on the vulva, general adenopathy and a fading roseola. Her hymen was unruptured, and exhibited a central opening the size of a crow-quill; hence, if she had experienced sexual intercourse, there had been no entrance of the male organ. The boy developed well-marked secondary symptoms. Both denied any sexual relations.

Dr. O. J. Coskery reported *severe effects from the use of virus obtained from the cow* in several cases of vaccination. Of four chil-

---

ERRATUM:—In the January number of this JOURNAL, an error was made in the report of the first case of Whooping Cough related by Dr. Lee: It is said, "The patient was first seen August 1st, * * * * * and paroxysms rapidly diminished until *December 8th*, when there were none."—*December 8th*, should have been *August 8th*.

E. F. C.

dren vaccinated over three months ago, one arm only healed readily; the other three still exhibit sores disinclined to heal.

NOTE.—January 2nd, 1880, one of the three arms has since healed.

Dr. E. F. Cordell reported a case of *very low temperature, following the subcutaneous injection of sulphate of quinia.* A lady had a violent chill, to which she had been subject off and on all her life. Just as the hot stage was commencing, an injection of ♏ xx of sol. of hydrobromate of quinia (Andrews and Thompson's preparation; ♏ xx contain gr. iv quinia), was made into the arm, the temperature being at the time 103° F. In one-half hour the temperature was $100\frac{4}{5}$° F., she was in a profuse sweat and the chill seemed to be aborted; ten hours after, the temperature being 97° F., the injection was repeated; in two hours the temperature had fallen to $94\frac{2}{5}$° F. (estimated, the instrument not indicating below 95° F.) From this point it gradually rose and, twelve hours after the second injection, was about normal (98° F.) No ill effects followed the great fall of temperature or the injections, which were justified by the extreme nausea of the patient.

Dr. T. S. Latimer read a paper upon *Diphtheritic Paralysis.* The paper was based upon the study of five cases, the details of which were given. The cases showed a remarkable uniformity in their leading features and this was particularly noticable in reference to the following points:

I. Mildness of the primary disease. II. The order of sequence observed by the paralytic symptoms, viz: *first appearing* in the *lower extremities*, then in the muscles of the neck, then in the throat, and finally affecting the sphincters and possibly the heart. III. The extent of the paralysis. IV. Excessive fatality. V. Non-correspondence with general experience.

According to Senator, the affection *always* commences in the throat; Dr. N. S. Davis says, in a large majority it is limited to the muscles of the fauces. Steiner of the University of Prague holds the same views. Dr. J Lewis Smith says it always affects the larynx and pharynx, a few cases only becoming general.

Dr. Latimer thought that authors had probably blindly accepted this view from each other, without testing it by their own experience. Senator & Œrtel report a small mortality; Davis has never seen a death from this cause. Dr. Latimer was of opinion that many of the cases reported as diphtheritic paralysis were not really such, but were due to the obstruction produced by the enlarged tonsils, cicatricial contractions, œdema glottidis, &c.

All of his cases were ushered in by excessive pallor, and accompanied by extreme debility. In one of the three fatal cases the death was hastened by sudden œdema glottidis.

He regarded the paralysis as due to the imperfect nutritive quality of the blood.

Dr. F. W. Pearson had seen two cases of diphtheritic paralysis, affecting first the speech and afterwards causing squint, but in neither producing general paralysis.

Dr. F. E. Chatard, Jr. thought Dr. Latimer's experience had been particularly unfortunate. General experience shows that the paralysis commences in the larynx and pharynx. In eight cases which he had seen, the muscles of deglutition were those first affected. Two children were rendered presbyopic necessitating the use of glasses. In one case swallowing was accompanied by violent pain as though there were intense neuritis of the nerves of the pharynx. In his experience the paralysis had followed bad cases not mild ones.

Dr. Saml. Theobald had met with several cases of diphtheritic paralysis of the muscles of accommodation (ciliary) of the eye, and in one or two without evidence of any trouble elsewhere. In a colored woman, who had had previously a slight sore throat, so mild as not to necessitate the calling in of a physician, and who applied on account of some slight disturbance of vision, he found paralysis of both ciliary muscles, without any evidence of paralysis elsewhere.

In another case there was some slight trouble in swallowing with regurgitation of fluids through the nose. All recovered.

Dr. J. H, Hartman referred to the case of a boy, who, six weeks after an attack of diphtheria, had great difficulty of deglutition, followed by strabismus, paresis of the lower extremities, and loss of taste and smell. He thought in cases where the throat seemed to be unaffected, there might be trouble, of so slight a nature, however as not readily to be observed.

According to Mackenzie, all cases commence in the throat, and this view is confirmed by Mansard, who has collected 1117 cases of diphtheria, 111 of which were followed by paralysis. The same author's statistics show that when the paralysis becomes general, especially when the diaphragm and heart are affected, it is very fatal.

Dr. J. Shelton Hill had seen but one case of general diphtheritic paralysis; in this it began in the feet; the power over the right arm was completely lost, over the left only partially.

Dr. Wm. Lee had seen but two cases, one affecting the right arm alone, the other impairing the organs of speech. Both got well.

Albuminuria is present in bad cases and is indicative of severity of the disease. By testing the urine from time to time, he was able to avail himself of this fact, early in the treatment of the above cases, and believed that the result had been materially controlled by the timely use of appropriate remedies, as tonics, &c. The occurence of severe cases of diphtheria, without the supervention of paralysis, shows that the cause of the latter sequela is to be sought in some general condition and not in a local one.

The President (*Dr. Christopher Johnston*) expressed surprise that faradization had not been alluded to as a therapeutic resource in this connection. He had found it extremely useful in his experience, as, for example, in the case of a gentleman of 40, who had first paralysis of the muscles of deglutition, which afterwards became general, so that he was unable to walk. In this case the cure was much promoted by the battery.

Dr. Latimer said it was far more rational to suppose that a primary affection of the nerve centres (induced by blood-poisoning) had led to the paralysis, than to suppose, that a peripheral neuritis had extended from the throat to those centres and produced it.

He called attention to the fact that the organic contractility of the muscles affected and the nervous irritability were lost simultaneously.

He was particularly struck by the large rate of mortality shown in his cases, as compared with those of others and since the difference was not likely to be due to any peculiarities of treatment, it must be due, either to a most remarkable coincidence, or to the causes named above.

MEETING HELD JANUARY 2ND, 1880.

Dr. Randolph Winslow read a paper on *Foreign Bodies in the Stomach and Intestines*, which will appear in full in the next number of this JOURNAL.

Dr. Coskery reported the following case which came under his observation: A child, while playing with a tin blow-gun inhaled a tack; immediately violent cough came on, followed by vomiting. After a while the cough ceased and it was supposed the tack had been ejected. Ten days afterwards Dr. Coskery found a sharp pointed substance in the region of the transverse colon, feeling as though it were just beneath the skin. A dose of castor oil was given and twelve hours after the tack was passed in an evacuation.

Dr. J. Shelton Hill referred to a post-mortem. in which perforation of the appendix vermiformis resulted from the lodgement in it of a piece of cheese. There was an abscess at the site of the appendix containing nearly three quarts of pus. Dr. Hill also emphasized the importance of avoiding purgatives and administering solid food in cases of foreign bodies in the intestinal canal, so that they might have an opportunity of becoming imbeded in fæcal matter and thus pass through the canal without injury to its surface.

Dr. Reinhart related a case, in which a child one year old, while lying on its mother's lap seized and swallowed a scarf pin. Six months afterwards Dr. Reinhart was summoned to the child, who was supposed to be in a dying condition. Seeing some stewed peaches in the room, he followed the impulse to administer some of them. A teacupful was gotten down. Twenty-four hours afterwards the pin was passed unclasped. A singular coincidence in this case was that two years before the accident, the parents had lost another child from swallowing a napkin-pin.

The President (Dr. Christopher Johnston) said it was the universal practice to discountenance purgatives in the cases under consideration. Jugglers resort to opium and bulky food. He quoted a case, in which a female introduced, small end upward, a tumbler, into the rectum of her paramour; it was removed after passing a bladder into the anus and over the larger end of the tumbler and fracturing the tumbler. In another case, that of Dr. Keller of Baltimore, the patient had long had a swelling in the right groin; at length symptoms of inflammation appeared, and an abscess formed which discharged its contents through the overlying integument. In the sinus left, Dr. Keller detected a hard substance, which was extracted and proved to be a cholesterin calculus, which had passed out of the bowel by sloughing. In a third case quoted, a piece of bone (non-human) passed from an abscess in the same situation.

A fourth case (now under care of Dr. Johnston), exhibited the following features: A weak-minded mulatto suffered from an irreducible right inguinal hernia, the site of which was indicated by a firm tumor. The bowel became obstructed by some long and hard objects, which could be plainly felt through the abdominal wall. These substances excited inflammation in the hernial sac, perforation of the intestine resulted, and by surgical operation three long bones of a pheasant were extracted. Two days afterward a fourth bone descended into the sac and was likewise removed. A fecal fistula remained permanently. Among the bones, a humerus and femur were recognized.

Dr. Theobald made some remarks upon *Foreign Bodies in the External Ear.* In one case he removed a cherry stone, which had been lodged there for 15 to 18 years. In another case, a child 3½ years of age put a small pebble not very deeply into its ear; a physician attempted its removal, but only forced it further in, so that it rested against the membrana tympani. Dr. Theobald gave chloroform, and syringed the cavity (which should always be resorted to in the first place in these cases), but it was too firmly wedged in to be thus removed, and he only succeeded after the use of a little probe, which he makes, himself, out of a fine English hairpin, and which he prefers to any of the instruments used for the removal of such substances. In a third case, an insect entered the ear, and, with a veiw to its destruction, a country physician poured melted cerate into the canal. This hardened on cooling, and Dr. Theobald found great difficulty in removing it. The insect was found imbedded in the cerate. In another case a tic was removed, but brought away with it a piece of the skin. After having the hair cut, small stiff hairs sometimes lodge in the meatus in contact with the tympanal membrane; in which position, they may give rise to great annoyance.

Dr. Cordell related a case in which a chinch entered the ear of a woman, while she slept, causing great distress and loud roaring and explosive noises. It was easily removed by an injection of tepid water.

Dr. Coskery reported two cases of *Fracture of the Spine.*

Case I. A miner, aged 21, was struck over the sacrum by a falling mass of coal. He felt as if he were cut in two. Paralysis of the bladder and bowel ensued, with loss of sensation and motion in the lower extremities. The following is his condition at this time (10 years after the accident): A distinct sulcus, at site of last dorsal and first lumbar vertebræ; the legs atrophied and feet in condition of talipes-equino-varus; slight motion in the right ankle only; sensation in lower extremities diminished and in parts completely lost; the loss of sensation commences at a horizontal line extending across the abdomen, about two inches below the anterior-superior spines of the ossa ilia; he can pass his urine, but with straining and without any sensation of its passage along the urethra. For nine months after the injury there was no sexual desire nor erection, but since partial erection and emissions are readily excited.

CASE II. A colored sailor, aged 19, caught beneath a car. Besides other serious injuries, there was fracture of the ninth and tenth dorsal vertebræ. The symptoms were depression and crepitus at the site of fracture, paralysis of lower extemities, bladder and rectum, extreme hyperæsthesia of surface of the lower abdomen. A plaster of Paris splint was applied to the trunk for about three weeks. In two months some return of power in the lower extremities was noted. Now (January 2nd, 1880), he can walk across the room, by supporting himself with two chairs, which he pushes before him. There is talipes equinovarus of the left foot.

Dr. Latimer expressed surprise at any degree of recovery taking place in a patient completely paralyzed at the time of injury; he had never seen a case of recovery from the paralysis consequent on fracture of the spine. He referred briefly to three cases:

1. A railroad employé fell from a bridge, receiving a fracture of the dorsal spine, with consequent paralysis of the lower extremities, bladder, intestines, &c. The patient gradually wasted away and died in eighteen months after the accident. He contemplated trephining in this case, but abandoned it after consultation with other physicians.

2. Was essentially the same. The patient lived over two years, dying of slow exhaustion, without the slightest evidence of improvement.

3. A man was injured by the falling of a bank of earth; complete paralysis was produced immediately, and death ensued in five days, from gradually ascending paralysis. The bladder was paralyzed from the first, and there was increasing difficulty of breathing after the second day. Dr. Latimer places much weight on the plaster of Paris splint in fractures of the spine.

MEETING HELD JANUARY 16TH.

Dr. T. A. Ashby reported "*A Case of Hypertrophic Elongation of the Cervix Uteri Complicated by Pregnancy.*" The patient first noticed a "falling of the womb" when 16 years of age, since which time she had gone about with the womb hanging between her thighs. She came under observation at the age of 36, and when about 8½ months advanced in pregnancy. The cervix was found much enlarged and projecting 1½ inches from the vulva.

When labor occurred, the head was forced out of the vulva, still within the uterus. Dilatation of the os had to be aided by the fingers. When sufficient dilatation had been procured, the forceps were introduced and the head delivered instrumentally. Slight rupture of the cervix occurred, which was increased during the delivery of the shoulders in spite of efforts made to prevent it. The child was asphyxiated when born but revived. The rent was united by sutures and carbolic applications made to it. Forty-eight hours after labor there was a chill, and the temperature advanced to $103\frac{1}{5}$° F. Septicæmia ensued resulting in death on the eighth day after labor.

On post-mortem examination, the length of the body of the uterus was found to be five inches,—of the cervix six inches; that of the infra-vaginal portion of the cervix about $3\frac{3}{4}$ inches. "The rent in the cervix was partly united by the first intention, but septic absorption had evidently taken place from its wounded surfaces."

Carbolic Acid in Hemorrhoids. Dr Latimer said the result of treatment in the case just related suggested to him his own experience with the same agent.

A man of 60 was treated for hemorrhoids by the injection of pure carbolic acid, which was repeated for three successive days. A syringefull was used each time, the base of the pile operated on being compressed by the fingers. On the tenth day thereafter septicæmic symptoms appeared, and the patient nearly lost his life from the severity of the ensuing attack, but he never had any further trouble from the piles.

A little girl was treated, at the same time, in a similar manner, for an enlarged vein, which was about the size of a chinquapin; immediately the blood coagulated, but, three or four days afterwards, the clot fell away, violent hemorrhage ensued and fears for the patient's life were entertained. She recovered however and was relieved of the trouble perfectly.

In the first case, there was very acute pain after the injections.

Dr, Michael reported a case and made some remarks upon "*Close Amputation of the Penis and Formation of a Perineal Opening for Urination.* An Irish laborer, aged 51, had an ulcerating epithelioma of the penis of four years standing. The passage of the urine over the abraded surfaces caused intense suffering. There was a tumor the size of a small hen-egg in the right groin. The patient desiring an operation, an incision was made along the under surface of the organ exposing the urethra as far back as the scrotum. A grooved staff having been introduced into the bladder, the penis was divided as close to the pubes as possible by curved incisions extending around its base from the posterior extremity of the previous incision. The vessels being secured, the tumor in the groin was next dissected out, but, in doing this there was such a venous hemorrhage as to require a ligature. The membranous portion of the urethra was now opened and kept open by a plug of oakum. Chloride of zinc was applied to the site of the amputation and the wounds dressed with carbolized oil and oakum. In one month the patient was walking about, and wound nearly healed; micturition was painless. One month later the disease re-appeared, and spread rapidly, causing death eight months after the operation. Several advantages were claimed by Dr Michael for the perineal section. He prefers the knife in its performance and considers the operation justifiable as a palliative, even in hopeless cases.

The President (*Dr. Christopher Johnston*), regarded the extirpation of malignant growths, such as Dr Michael had reported, as eminently proper and deserving of a place in surgery, whether the glands were involved or not. In a case similar to Dr. Michael's, already published in the MARYLAND MEDICAL JOURNAL, the patient had experienced very great relief during the fifteen months that he lived after the operation, and had always been grateful for it. In another case, six operations had been performed in five years for a cancerous breast, with most satisfactory results, in the relief of suffering.

Dr. R. Winslow could testify, from personal knowledge, as to the benefit and relief experienced in the case first alluded to by Dr. Johnston, and had seen him urinate several times with facility and without pain. His death was not due to return of the disease at the site of the amputated penis, but to exhaustion produced by a general cancerous cachexia.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

◆

DISCUSSION ON ANTISEPTIC SURGERY.—A very important debate on the subject of antiseptic surgery took place at the Metropolitan Counties' branch of the British Medical Association in London, Dec. 3d. It was opened by Mr. MacCormac, who spoke in defense of the Lister method. Mr. Bryant, Mr. Barwell, Spencer Wells and T. Smith followed, and the discussion was closed by Prof Lister himself. Mr. Bryant commended, but did not advocate the Lister method. The others spoke more or less favorably about it.—*Med. Record.*

BOOKS AND PAMPHLETS.

A System of Midwifery Including the Diseases of Pregnancy and the Puerperal State. By William Leishman, M. D., Regius Professor of Midwifery in the University of Glasgow, etc., etc. Third America Edition, Revised by the Author, with Additions by John S. Parry, M. D. Henry C. Lea, Philadelphia, 1879. For Sale by Cushing & Bailey, Baltimore.

This Volume upon Midwifery has passed through a sufficient number of American editions to make it familiar to the student of obstetrics. It is a book which has been generally read, and though not as familiar to students of medicine as the works of Cazeaux, Playfair and others, yet it is recognized as a standard authority, and as a book of merit. In many respects it is a most admirable text book, and we are rather surprised that it has not been more generally adopted by obstetrical teachers as a work well suited to the student.

The arrangement and general classification of the subject matter are most excellent, and enhance is usefulness to a considerable extent. The volume begins with an introductory upon the history of midwifery in which are considered many points of interest to the lover of progress in true science. To instruct others in the work of our ancestors, and point out the true paths which lead to system and order in science should be the duty of every writer and teacher. It is by learning what has been done that the student is stimulated to undertake new and untried fields of labor. It is the duty of science to record her advancing steps, to point out the errors and false doctrines which had their day and their advocates, to honor those who have contributed to her strength and crowing glory.

History is a useful department of science, and we commend a work which introduces its pages with a presentation of the labors and struggles of workers who framed the edifice upon which all modern science rests.

The second chapter of this volume is devoted to the study of the pelvis, a most important anatomical structure. The chapter contains nothing original. Several succeeding chapters are upon the anatomy of the organs of generation. This subject is presented as clearly as it can be taught in a book.

The subject of embryology is discussed more fully than is usual in works of this character. The views of the author are advanced as far as the present knowledge of this subject.

The illustrations used in the chapters upon embryology are excellent and seem to be original with the author. Some of them we do not remember to have seen in other works upon this subject. The volume treats at length of labor and its management, and illustrates the stages and presentations most happily. The student will not fail to undertand the mechanism of labor from these illustrations disconnected from the text. To the puerperal state much attention has been devoted, and the arrangement of the text and style of instruction is most judicious. Each disease is taken up in its proper turn and described in straight-forward, meaning language. Theories give precedent to facts, and well established principles predominate. The volume is up to the most recent advances in obstetrical science. The new instruments and recently devised operations are described.

We notice one omission which should have been discussed. Little has been said in regard to the use of antiseptics in obstetrical practice. Reference is made to their use in several instances but, considering the attention which this method of treatment is now receiving at the hands of leading obstetricians and surgeons, the views of the author should have been given at greater length. We hope to see this subject treated in a subsequent edition of this work.

The volume upon the whole contains few imperfections. It has been well and carefully written. The views of the author are broad and liberal, and indicate a well balanced judgment and matured mind. We observe no spirit of dogmatism but the earnest teaching of the thoughtful observer and lover of true science.

The illustrations used in this volume, of a most superior character, number two hundred and five. Many of them we have never seen before. Take the volume as a whole and it has few equals.

A Text Book of Physiology. By M. Foster, M. A., M. D., F. R. S. Third Edition Revised. Macmillan & Co., London, Publishers, 1879.

The author of this book is too well known to physiologist to require an introduction. His contributions to this branch of science have secured for him lasting fame. As an advanced thinker and writer his views and teaching are regarded as the highest authority, and may be accepted as the latest outcome of physiological research and study. The volume before us has, within a comparatively short period, passed through two editions, and the third edition revised and enlarged is again offered with the new material freshly garnered from the laboratories of physiological research. Its teachings bear the impress of most careful thought and investigation, the very embodiment of accuracy.

Chapter I, begins with a study of Blood, and is arranged into sections which treat of *The Coagulation of Blood; The Chemical Composition of Blood; The History of the Corpuscles and the Quantity of Blood, and its distribution in the Body.* The subject matter of this chapter will greatly interest the professional reader as we have here presented in a very comprehensive manner the most recent gist of the subject.

Chapter II, is on *Contractile Tissues*, and occupies 73 pages in elucidating, *The Phenomena of Muscle and Nerve; The Changes in a Muscle during Muscular Contraction; The Nature of the Changes through which an Electric Current is able to generate a Nervous Impulse; The Muscle-Nerve Preparation as a Machine*, and other topics of special interest.

Chapter III, is devoted to study of *The Fundamental Properties of Nervous Tissues*, and occupies ten pages.

Chapter IV, on *The Vascular Mechanism*, pages ninety, is one of the most instructive in the book, and presents an amount of matter which should receive close study and attention from the practitioner of medicine. The study of the circulation in a state of health is of very practical importance when its knowledge is wanted in cases of disease. The vital phenomena of the circulation, indicated by changes in the beat of the heart, and its effects on the circulation, vaso-motor actions, changes in the capillary districts, and changes in the quantity of blood are subjects worthy of more than passing interest. The subjects have received very careful study by the author, and he has given a practical turn to his remarks.

Book II, Chapter I, begins with a study of *The Tissues and Mechanism of Digestion.* This subject of Digestion occupies 79 pages and is beyond question the most entertaining and instructive treatise upon the processes of digestion we have yet read. The subject is set forth in its most modern light, and contains a variety of matter which has not yet found its way into many works upon physiology. This volume impresses the reader from beginning to end as being new, and surprises are found on every page. To the physician who studied physiology a few years back it will present many astonishing assertions. No where do we meet with fresher ideas than in this chapter upon Digestion. Our knowledge of this subject has grown most astonishingly within the past few years, and has opened up a mass of facts which has gained admission to the minds of but comparitively few practitioners. This chapter is worth to any reader the price of the entire volume, and we would advise the readers of this notice to purchase the volume with the view of reading this one chapter, even if the rest of the work is discarded.

Remaining chapters are devoted to the study of Respiration, Nutrition, Secretion, The Central Nervous System and its Instruments, and to The Tissues and Mechanism of Reproduction. The entire volume occupies 705 pages of closely printed matter appropriately illustrated. The typography is most excellent, and general appearance of the volume creditable to the publishers. We are requested by the publishers to announce that this volume is issued in advance of a cheap "student's" edition which will be ready in a few days.

Memorial Oration in Honor of Ephraim McDowell, "The Father of Ovariotomy." By SAMUEL D. GROSS, M. D., LL. D., D. C. L. Published by the Society. John P. Morton & Co., Printers, Louisville, Kentucky, 1879.

This charming little volume tells a story which should be read and admired by all lovers of truth and virtue. It records an event which will live in history long after the present generation has passed away. It relates the history of one of the worlds greatest heroes and benefactors, the Father of Ovariotomy. The idea of marking the resting-place of the first ovariotomist with some memorial commemorative of his great services to humanity, we are told in the preface of this book, originated with the late Dr. John D. Jackson, of Danville, and was brought by him to the attention of the Kentucky State Medical Society, and from thence before the American Medical Association. Voluntary subscriptions were made, and a fund was raised for the purpose of erecting a suitable monument to the memory of McDowell.

This monument, a handsome shaft made from Virginia granite was dedicated on the 14th of May, 1879, during the session of the Kentucky State Medical Society at Danville. These services of a most interesting and inspiring character are perpetuated in the volume before us. An immense audience assembled to witness the dedicatory services, and to honor the memory of the great man who nearly fifty years ago was consigned to his resting spot by the citizens of Danville, then a small, obscure village, without the pompt and parade usually bestowed upon the truly great, but amidst the mourning and regrets of his fellow citizens who recognized only the modest worth and virtue of one of their own number then unknown to fame and honor.

The memorial oration upon this occasion was delivered by that gifted ornament to his profession Prof. S. D. Gross, of Philadelphia. In this oration we are made acquainted with McDowell, and with the history of that great triumph of modern surgery which he was the first to devise and successfully perform, *the operation of ovariotomy.* We are told how this operation was first performed, and with what daring skill and masterly success victory was plucked from defeat, and the dawn of a new era for science and humanity opened up for all future generations.

The first operation for ovariotomy was performed by McDowell in 1809, upon the person of a Mrs. Crawford, a Kentucky lady who survived the operation thirty-two years. No account of this operation was published until eight years afterwards. The operation was severely criticised and denounced, and the operator regarded as a backwoodsman unworthy of credence. For a long time McDowell had no imitators. McDowell operated 13 times, with the result of 8 cures, 4 deaths and 1 failure, a brilliant record if we consider the times and disadvantages under which his operations were performed. He did not live to see his operation adopted, and died ignorant of the lasting benefits he confered upon humanity. In this oration Dr. Gross reviews the modern success of the operation, and the disadvantages and drawbacks which have assailed its general adoption.

Years of prejudice have been overcome by the energy, enthusiasm and love of true science displayed by the earlier ovariotomists. He estimates that over 40000 years have been added to the span of human life by the operation. In the hands of such men as Spencer Wells and Thomas Keith, the mortality of the operation has been reduced as low as that of an ordinary amputation of the leg.

In commemorating the achievement of McDowell, the profession of Kentucky have shed lustre upon their own fame, and have gracefully and honorably paid an " honor to whom honor was due." All praise attend this genuine recognition of a noble, manly act from a grateful people to a great benefactor.

Outlines of the Practice of Medicine, with Special Reference to the Prognosis and Treatment of Disease. By SAMUEL FENWICK, M. D., Lecturer on The Principles and Practice of Medicine at the London Hospital, &c. Philadelphia, Lindsay & Blakiston, 1880.

This duodecimo of 387 pages is, according to the author, an outline of that portion of the Course of Lectures on the Practice of Medicine,—delivered by him at the London Hospital Medical College,—relating to prognosis and treatment. Hence, as was to be expected, it is highly practical and elementary in character. " It is an attempt to remedy a supposed defect in the present system of medical education, viz; The tendency to adopt physical diagnosis as the basis for treatment, to the disparagement of those indications furnished by symptoms."

We have first general rules, applicable to disease in all its forms; then follow, in succesion, general descriptions of the pathological conditions and indications for treatment in acute and chronic disease; and finally individual diseases are taken up.

The opening statement, that treatment is much more difficult than diagnosis is questionable; Flint holds the contrary. Nor can we subscribe to such unconditional assertions as; particular drugs have not power over certain diseases; drugs are not antidotal to diseases; all cures are the result, not of the drugs administered, but of reparative power that is inherent in every animal body.

The author is a firm believer in the change-of-type theory, and declares that patients do not bear the loss of blood, at the present day as formerly. "It is exceedingly rare," he says, "to meet the hard pulse, which was so insisted on in former days, as an indication for bleeding." Nevertheless, venesection holds a more prominent place in his list of remedies, than we usually find in late works upon practice. In pneumonia, we find it advised, in order *to prevent dangerous congestion of the unaffected lung;* in appoplexy, to diminish vascular tension, or *cerebral anæmia, when this is dependent upon an excess of venous blood in the brain.*

Mercury is totally condemned in acute inflammations. Salicylate of sodium is placed at the head of remedies in acute rheumatism, and bromide of potassium is considered superior to all others in whooping cough. We cannot agree with his recommendation of cold compresses to inflamed rheumatic joints; they doubtless give promt relief, but we have seen a violent attack of pericarditis follow the use of such applications. The advice that consumptives be sent during the winter to a *warm* and dry climate is not exactly in accord with the latest views concerning climatology in this disease.

In concluding this hasty review,—having some evidences of carelessness in the getting up, and overlooking a few statements, which we would like to have altered, we find that the work has many positive merits, and that it is justly worthy of a place among the best elementary treatises upon practice; that it contains many new and valuable suggestions, and amply fulfills the author's intention of furnishing "an outline, which must be filled in with the student's own observation and experience."

Its value is much enhanced by a number of illustrations and a table of formulæ, and the printing and binding are all that could be desired. E. F. C.

The Throat and Voice. By J. Solis Cohen, M. D., Philadelphia. Lindsay & Blakiston, Publishers 1879.

This excellent little volume will find a welcome in many homes. It treats of a subject of very general interest to the profession and to the laity, for to both classes of readers it is addressed. It is written in a popular style, and presents its subject matter in a most instructive and entertaining manner. The first chapter is devoted to, *Natural Construction of the Throat*, and describes the anatomy and physiology of this organ in a very simple and unaffected manner, so much so indeed, that a mere youth can comprehend the language and take in the knowledge imparted.

Chapter 11, is on the *Care of the Throat.* This chapter points out many facts which will be of service to the non-professional reader. It calls attention to the causes which induce throat trouble, and shows how easily such troubles may be prevented. This chapter is truly hygienic in its instruction, and the information presented is of such character as will very greatly benefit the human family. Throat troubles are generally esteemed so trivial in their nature as to require little attention. They are neglected or so badly treated in such a number of cases that it is a matter of surprise that serious results do not occur more frequently than are now observed. To this great neglect, or injurious treatment of throat affections, serious and often fatal diseases may be attributed, diseases clearly preventable had the hygienic management of such cases been pointed out or the proper treatment earlier instituted.

Popular hygienic works of the character of this little volume, and others of the series of American Health Prmers, have a mission of usefulness which cannot be over-estimated. This method of instructing the public in the hygienic management of various organs of the body under such agreeable titles as, "Hearing and How to Keep It;" "Eyesight and How to Care for It;" "The Mouth and Teeth;" "The Skin in Health and Disease;" "Brain Work and Over-Work," can not be too much encouraged both by the profession and public. It is the duty of the medical man to guard the public health, to point out the evils of improper hygiene, to instruct his patients in the rules for preventing ill-health and to speak of the effects of neglect of all hygienic laws. In these popular works, edited by Dr. W. W, Keen, many useful hygienic principles are presented which will be found of service to the practicing physician, who can apply them in his work and teach them to his patients.

Paracentesis of the Pericardium, a Consideration of the Surgical Treatment of Pericardial Effusion. By JOHN B. ROBERTS, A, M., M. D., Lecturer on Anatomy in the Philadelphia School of Anatomy, Demonstrator of Anatomy in Philadelphia Dental College, etc., etc.; with illustrations. Philadelphia, J. B. Lippicott & Co.

This is an ably-written book of 100 pages, neatly printed, and must prove very acceptable to the profession, and especially to the surgeon.

The Physician's Daily Pocket Record, Comprising a List of many Useful Memoranda, Tables, etc. By S. W. BUTLER, M. D., Fourteenth Year. New and Thoroughly Revised, with Metric and Posological Table, etc.; Edited by D. G. Brinton, Philadelphia. Published at the Office of the Medical and Surgical Reporter.

Annual Address Before the American Academy of Medicine, at New York, September, 16th, 1879. By LEWIS H. STEINER, A, M., M. D.

The Second Annual Report of the Presbyterian Eye and Ear Charity Hospital, No. 77 East Baltimore Street, Baltimore, Md. For the Year Ending December, 1879.

Remarks on Ovariotomy, With Relation of Cases and Peculiarities in Treatment. By NATHAN BOZEMAN, M. D., New York, Surgeon to the Woman's Hospital of the State of New York, etc.

A Dictionary of German Terms Used in Medicine. By GEORGE R. CUTTER, Surgeon of the New York Eye and Ear Hospital, etc. G. P. Putnam's Sons, Publishers, New York, 1879.

This volume is the only one of its character we have ever examined. Its value will be recognized and appreciated by all physicians interested in the German who are not altogether familiar with medical technicalities and words in that language. The volume is not as comprehensive as it might be, but embraces a large majority of words which will be met with in general reading. It occurs to us that its value could have been enhanced by reversing the alphabetical arrangement, and placing English words in regular order with their corresponing German meaning.

The Treatment of the Genito-Urinary Organs, the Use of Electricity, Damiana, etc., etc. By JOHN J. CALDWELL, M. D., 65 North Charles Street, Baltimore, Md.

Impotency in Women. By ELY VAN DE WARKER, M. D., Syracuse, N. Y. New York, William Wood & Co., 27 Great Jones Street, 1878.

Chloral Inebriety, Read before the Kings County Medical Society, April 15, 1879. By J. B. MATTISON, M. D., Brooklyn, N. Y.

The Hand as a Curette in Post-Partum Hemorrhage. By HENRY P. C. WILSON, M. D., Baltimore, Md.

The Study and Practice of Medicine by Women. JAMES R. CHADWICK, M. D., Boston, Massachusetts. Reprinted with permission of the author from the "International Review" October, 1879.

Laryngeal Hemorrhage. J. H. HARTMAN, M. D., Baltimore. Reprinted from the St. Louis Medical and Surgical Journal, December, 1879.

MARYLAND MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

H. E. T. MANNING, M. D. } Editors.
T. A. ASHBY, M. D. }

SUBSCRIPTION $3.00 PER ANNUM, IN ADVANCE.

☞Contributions, from practitioners in good standing, invited; and advertisements, from reliable houses, solicited.

Address all communications to

MANNING & ASHBY, Proprietors,
No. 9 SOUTH CHARLES STREET.

BALTIMORE, FEBRUARY 1st, 1880.

EDITORIAL NOTES.

THE NECESSITY OF A BUILDING IN BALTIMORE FOR THE EXCLUSIVE USE OF THE MEDICAL PROFESSION.—This question, which has long occupied the minds of some members of the profession in this city, who are zealous for its welfare and advancement, has recently received a fresh impulse, and we are glad to learn that steps have already been taken looking to its consummation. It is rather premature, as yet, to enter into any details, but we may say, that we have every confidence in their practicability and success. As far as the profession at large is concerned, we have implicit faith in its support of any plan of this nature, which comes before it in a reasonable and practical form; nor are we of those, who are disposed to think, there is wanting that professional enterprise and esprit-de-corps, which are essential to an undertaking, necessarily requiring for its successful execution, our *material*, no less than our moral support. It seems almost unnecessary to advance arguments in support of the above caption, so self-evident does it appear, but, as it may occur to the minds of some of our readers for the first time, and, as there are others, who will not otherwise, perhaps, be disposed to give it the consideration its importance deserves, we will enumerate some of the reasons why such a *necessity* exists:

I. The profession is without suitable accommodations for its meetings, its library, its museum, its societies, its lectures, its receptions,

&c. As matters now stand, we are ever on the wing; we are crowded into insufficient and unsuitable quarters, of which we have not the *exclusive* use; and our library is dragged about from place to place, to the detriment and loss of rare and valuable works, and to the production of such a feeling of insecurity, that those, who are disposed to contribute to it, are deterred from doing so, and thus it remains at a standstill, paralysed in activity and usefulness, and failing to accomplish the great ends of which it might be made capable.

In this connection, it is to be remembered, that Baltimore is not only the commercial metropolis of the state, but also its intellectual and medical centre; that physicians are constantly visiting it for purposes of business, pleasure or professional improvement, and that here representatives from all parts of Maryland meet together in annual assembly to take counsel concerning our common interests. Now, do not these facts suggest the plain duty of hospitality to these our visiting brethren; nay, are there not higher considerations than this to be found in the beneficent workings of a great establishment, whose capacity for good seems almost unlimited, when we reflect upon the mutual influences, centrifugal and centripetal, constantly passing between it and the individual members of the profession?

II. Our city, which competes successfully in other respects with the leading American cities, should not have cause to feel ashamed of its medical profession, and be compelled to confess that it alone lags behind in the march of progress and prosperity. We have (with one exception) the oldest incorporated medical association on this continent, and we *ought* to feel a deep pride in maintaining its dignity and standing in a manner commensurate with its age. Look at our neighboring cities,—at the libraries, halls, museums, &c., that have sprung up and are springing up in their midst! Ought not we to be doing something to keep our profession on a level with theirs?

III. We have illustration and example around us of what has been and can be done with proper effort. For instance, the legal profession (in numbers less than ours) organized in this city in 1840, a library association; they have now a library of 7800 volumes, which is open from 9 A. M., to 10 P. M., and employs two librarians.

Again, see what the Academy of Sciences, with a membership much smaller than ours, has accomplished within a few years; their large and valuable museum; their collection of scientific works; their commodious and convenient building,—put up and owned by themselves; their courses of public lectures; their valuable scientific contributions; the distinguished scholar whom they employ, &c. Yet we are told that one-third of the members are physicians.

We may point also, as a striking example, among numerous others, to the beautiful new building of the Wednesday Club, just erected.

On the other hand, compare our condition!

When we contemplate our ancient and venerable volumes,—which is all we have to show,—covered with the dust of centuries, we cannot but feel how incomplete (though valuable as far as it goes) the collection is, and how unworthy of the wealth, intelligence, needs and numbers, of the profession in this city.

IV. Baltimore is growing rapidly to be one of the great cities of the world, and we have a new and glorious future dawning upon us, before which we cannot stand still, but must either advance or recede. See the great changes that the last few years have brought about,—the accession to our numbers, the development of specialties, the great university looming up in our midst, &c. Consider that we have 500 medical students in our midst, and that we will soon equal New York, and surpass Boston and Philadelphia, in the number of our medical schools.

Thus, we have endeavored to present, as concisely as possible, some of the reasons why there is a *necessity* for the projected building. We heartily commend the enterprise to all those who truly love their profession. Let those, who are able, contribute of their means; *all* can, at least, help it on by their kind words and good wishes, and with a hearty support from willing hearts and generous hands, we predict that before another year shall have passed, we will see the accomplishment of our aspirations.

WE HAVE RECEIVED VOLUME I, NO. I, OF THE PRACTITIONER.—An Independent Monthly Journal, edited by Harvey L. Byrd, A. M., M. D., and Basil M. Wilkerson, D. D. S., M. D., of Baltimore. Published by the Practitioner Publishing Company, B. M. Wilkerson, Proprietor, No. 68 North Charles Street.

The editors announce in the *Prospectus*, that it is their fixed purpose to adhere with unvarying fidelity to independence in all matters appertaining to the conduct and management of the Journal. The Journal is devoted to Medical, Surgical, Obstetrical and Dental Science.

This number of the *Practitioner* begins with an article on Compression and Immobilization Principal Factors in Surgery, by George Halsted Boyland, A. M., M. D., etc., Baltimore. Article II, Water

—Its Relations to Health and Disease, is from the pen of Wooten M. Wilkerson, A. B., M. D., Marion, Alabama. Article III, A "Speedy Method" in Asphixia, by Harvey L. Byrd, M. D., etc., Baltimore. Article IV, Clinical Notes, upon the use of the Galvano-Cautery, by William A. Byrd, M. D., etc., Quincy, Illinois. Article V, Tetanus-Epidemic or Constitutional Among Negroes, by R. H. Goldsmith, M. D., Baltimore. Article VI, Our Young Dental Patients, by Charles E. Francis, D. D. S., New York.

Article VII. Teeth, Pregnancy and Disease by Basil M. Wilkerson, D. D. S., M. D., Baltimore. Next follow Selections and Editorial. It will be observed that the Journal presents a variety of original articles which for the most part are brief, but none the less valuable from this fact. The *Practitioner* is gotten up in a most attractive style, is printed on good paper, well arranged, and upon the whole is creditable to both Editors and Publishers.

It contains 52 pages of printed matter, price $2.00 per annum in advance.

We congratulate the editors upon their enterprise, and wish them success in the field of Journalism. The profession should give encouragement to the Journal and contribute to its usefulness.

MUCH excitement has prevailed during the past month, by reason of the appearance of a few sporadic cases of small pox in different sections of the city. The Health Commissioner's report shows that there is no cause to apprehend an epidemic, but urges the necessity of vaccination and re-vaccination as the best possible methods of preventing a spread of the disease. In view of this fact, the medical profession of Baltimore, have been kept busy attending to the many calls for vaccination. The demand made upon the State Vaccine agent, Dr. W. G. Regester, for animal virus, has been enormous, and notwithstanding his very energetic efforts to provide for this unusual call, some delay was necessarily occasioned by an utter impossibility to secure it. Dr. Regester has managed his agency with marked skill, and the profession of this city and state owe him a debt of thanks for his prompt and energetic efforts to supply the orders presented to him. Under the many adverse circumstances surrounding him, which are not generally known to the profession, but which we think should be noticed, he has at a great personal sacrifice, secured the necessary amount of virus to fill all calls made upon. The vaccine agency of this state has been regarded by some persons, both in and outside of the profession, as a political sine-cure. The Legislature has evidently conceived such an opinion of the office, if we may be allowed to judge from the very insufficient appropriation allowed for its maintainance. Such an opinion is not founded upon facts. The office is one of the most important within the gift of the state, and its efficiency and usefulness should not be restricted by an insufficient appropriation. We are informed that the vaccine agent has been compelled to use his private funds to meet the demands made upon him for virus. This is very praiseworthy in him, and it is to be hoped that the state will generously re-imburse him for his very energetic efforts to accommodate the profession. The present scare is a true test of the value of the office, and of the man who fills it. Both have rendered a very great service to the profession in this state.

BALTIMORE MEDICAL AND SURGICAL SOCIETY.—At a meeting of this society held at its rooms on 28th of January the following officers were elected:

President, Thos. B. Evans, M. D.; first Vice-President, Oscar J. Coskery, M. D.; second Vice-President, J. J. Caldwell, M. D.; Recording Secretary J. Wesley Chambers, M. D.; Corresponding Secretary, J. H. Scharff, M. D.; Reporting Secretary, B. F. Leonard, M. D., Treasurer, R. W. Mansfield, M. D.; Committee on Honor, Drs. Wilmer Brinton, John Morris, A. Friedenwald; Committee on Lectures and Discussions, Drs. D. W. Cathell, G. L. Wilkins, Geo. F. Taylor; Executive Committee, Drs. J. W. P. Bates, A. F. Erich, J. H. Rehberger.

On motion of Dr. D. W. Cathell, the thanks of this society were tendered to Dr. W. G. Regester, State vaccine agent, for his uniform courtesy and promptness in the supply of vaccine matter, and for its quality.

After the election, the members proceeded to Guy's, and did justice to the annual banquet.

SOME time ago we received as a donation from Messrs. Reed & Carnrick, of New York, two dozen bottles of Maltine. This new preparation has been received with such marked favor by the profession, that we have been induced to try it in practice. With a view of getting results from the experience of others, we presented a number of bottles to our medical friends with the request that they report their results to us. The testimony, thus far received, has been most favorable, and corroborates our good opinion of Maltine. The preparation is a most excellent nutritive tonic, and is admirably adapted to that class of patients suffering from imperfect nutrition attended with general debility and exhaustion. It is a most excellent food remedy for patients convalescing from fevers, prostrated by nervous debility, or wherever the vital forces are enfeebled by disease. In combination with Cod Liver Oil it will be found of considerable value in pulmonary affections. We think Maltine eminently worthy of trial by the profession. If subjected to fair trial we believe it will come up to the standard of excellence claimed for it.

THE EIGHTEENTH ANNUAL MEETING OF THE BALTIMORE MEDICAL ASSOCIATION was held at the Rennert House, in this City, on second Monday night in January.

An election of officers for the ensuing year was held with the following results: President, J. F. Monmonier, M. D.; Vice-Presidents, Chas. H. Jones, M. D., L. McL. Tiffany, M. D.; Treasurer, J. E. Gibbons, M. D.; Secretary, W. B. Sellman, M. D.; Executive Committee, T. A. Ashby, M. D., W. F. A. Kemp, M. D. and John Dixon, M. D.; Committee of Honor, John Morris, M. D., I. E. Atkinson, M. D. and Judson Gilman, M. D. After the election of officers, the members of the Association adjourned to the banquet hall, were an enjoyable collation was served. The occasion was one of much social enjoyment. The Baltimore Medical Association is the oldest local society in the city.

PURE VACCINE VIRUS.—Messrs. N. Hynson Jennings & Co., No. 90 N. Charles street, and Messrs. Sharp & Dohme, corner Howard and Pratt streets, both reliable drug firms in this City, have for sale pure animal vaccine virus. Physicians wishing to secure a reliable article of virus can not do better than to order from these firms.

◆

MISCELLANY.

RECTAL MEDICATION.—A new method. F. E. Stewart, P. H. G., M. D., in " *New Remedies*" for December, proposes the oleates for rectal medication and the rectal capsule, or cylindro-conical case of gelatin (suppository-shaped) as a vehicle. This vehicle, he says, is entirely unaffected by the heat of any climate, and yet is very soluble in the secretion of the rectum. The facility and rapidity with which the oleates are absorbed, has been abundantly verified, since they were first brought prominently into notice, by Prof. Marshall, in 1872. Some of the advantages of the capsule enumerated, are,—that it is ready for use immediately; that it liberates its contents in the rectum in three minutes after introduction; that it does away with the necessity of rectal injections, which by their amount, provoke the natural irritability of the rectum, often causing their expulsion, and also with the necessity of suppositories, the fat of which coats the bowel, and greatly retards absorption, as Dr. Ellerslie Wallace has proven. The medicine employed may be equally diffused in the oleic acid, if irritating; if it be mild and in the form of powder, soluble or with an active priciple soluble in the rectum, it may be placed dry in the rectal capsule, for immediate insertion. The author states that this method has been thoroughly tested in private and hospital practice in New York and Philadelphia.

THE BRAIN OF A PORPOISE.—Dr. E. C. Spitzka exhibited the brain of a porpoise with a view to the correction of certain errors that had been committed relating to the region in the brain which is supposed to preside over function of speech. It had been maintained for a long time, by some medical writers, that the island of Reil was larger in man than in any other animal, and, also, that it contained a greater number of convolutions, and for that reason the function of speech should be located there. But the reasoning was opposed by the facts. In the hippopotamus the development of the island of Reil was so great that, according to the theory, the animal should be outfitted with complex symbols, if not gifted with the power of speaking. The island in the hippopotamus was homologous to that in the horse, and, the human and equine corresponding, it must be homologous to that in the human brain. Now, in the porpoise, the island of Reil had four times as many convolutions, and was twice as large as that in man, and was completely covered with by the operculum and temporal lobe. In the latter respect it corresponded to the anatomy found in man and the anthropoid apes.—*Med. Record.*

DR. HARRIS FISHER, of Eastman Ga—Says the Alum and Iron Mass from the Bedford Virginia Springs, has been thoroughly tried by me, in the obstinate, poverty stricken condition of the blood, it has succeeded in bringing about a favorable change, in less time, and far more pleasantly to the patient, than anything ever used in a practice of twenty-three years, either vegetable or mineral. I have often at great expense, supplid my patients with the truly elegant elixirs and fermented wines of the best pharmacists in the country, with no other results than making their head ache, and irritating the digestive organs. I have yet to find the man, woman, or child who could not take with impunity, the alum and iron mass, properly diluted with water. As a mere appetizer, it is in my experience unequaled. Being the only medicine I ever used that would unmistakably, improve the appetite, after one day's taking. I have used it with decided benefit in chronic womb affections attending with mere or less anæmia. I shall begin at once to try its effects in secondary syphilis attending with a general brokendown condition of the system, and I confidently expect the best of results.

CHARCOT ON LARYNGEAL VERTIGO.—*Prog. Medical, No. 17, 1879.*—Under the above name Charcot embraces peculiar morbid appearances, which announce themselves in the following manner: On the development of a peculiar tickling sensation, which excites coughing, and has its seat in the larynx, or in the upper divisions of the bronchi, the patient falls to the ground with loss of consciousness. In some cases clonic spasms of the muscles of the face or extremities also occur. The unconsciousness is only of short duration, vomiting, biting the tongue and similar post-epileptic manifestations are not at all, or only exceptionally observed. In connection with the above Charcot recalls attention to a case published by Sommerbrodt, in *Centralblatt, S. 943, 1876,* of a great fibroma of the larynx, as a cause of epilepsy.—*Centralblatt,* October 18th.

Spencer Wells has had *forty* consecutive cases of ovariotomy without a death.—*Br. Med. Journ.*

UNIVERSITY OF EDINBURGH.—The medical school at this university has been greatly increasing in prosperity and in the number of its students, within the past five years. In reply to an insinuation that this was due in part to the laxity of its examinations, Dr. William Rutherford writes to the *British Medical Journal*, that in 1878, of 262 candidates at the first examination, 25.9 per cent. were rejected; of 165 at the second examination, 35.1 per cent. were rejected. At the final examination 144 appeared, and 18 per cent. were rejected.

Dr. Rutherford considers this a proof of the severity of the examinations.

BODY-SNATCHING AT RICHMOND.—A number of cases of body-snatching, in or about Richmond, have occurred lately and have been the subject of much sensational talk and writing. Virginia has never provided by law dissecting material for its two colleges; hence the present trouble. According to the *Virginia Medical Monthly*, there have been no cases in which the bodies of those who had friends were taken. The talk that has been occasioned was indiscreet and unnecessary.

DR. B. W. RICHARDSON'S EMBARRASSMENT.—By the will of Sir Walter Trevelyan, a large amount of wine was bequeathed to Dr. B. W. Richardson, with directions that it be used for scientific purposes. Dr. Richardson is a strict teetotaller himself, and finds it difficult to dispose of the wine in any way that will not violate the wishes of the testator or his own principles. It is expected that the hospitals will be the recipients of it.—*Med. Record.*

CÆSAREAN SECTION ON ACCOUNT OF A CANCER OF THE RECTUM.—A case is reported by R. Kaltenbach, in *Zeitschr. fur Gyn. und Geburtsh. iv, S. 191.* The tumor was the size of a fœtal head of 6 or 7 months. The operation was done with antiseptic precautions, but the patient survived only a short time. The fatal result seems to have been a foregone conclusion, in a hopeless case.—*Centralblatt*, November 22.

THYMOL.—An ointment may be made of this antiseptic by mixing 20 grains with ℥j of vaseline. It is said to be useful in eczema, pityriasis and as a parasiticide.—*New Rem., Oct.*

According to the Boston *Medical Journal*, Dr. Wm. A. Hammond has brought a suit against Dr. Allan McLane Hamilton for an alleged infringement of copyright. He claims that Dr. Hamilton's book on Diseases on the Nervous System was "pirated" from his own, and asks that its publication be prohibited and the profits from its sale be turned over to him. Has the doctor finished his suit against Dr. Gray, of the Utica Insane Asylum? His suit against Dr. Shrady, of the *Medical Record*, was continued a long time. The present suit, if successful, will be more remunerative than the others, viz. if Hamilton's book brings him any revenue.—*Detroit Lancet.*

Dipsomania.—Dr. G. M. Beard, in the British Medical Journal, says: Like every nervous disease of the family to which it belongs, it pretty steadily diminishes as we go south; yet there is more total abstinence in the North than in the South. There is no country in the world where there is so much total abstinence from drinking, and at the same time so much inebriety, as among the people of the northern and eastern parts of the United States.—*Louisville Med. News.*

A Case of cancer of the lung is related in detail by W. George, in the *Berliner Klin. Wochenschr., No. 28, 1879*, which developed after a dream, and pursued its course without the formation of metastases, even without any implication of the neighboring bronchial glands. The disease was diagnosed during life, and the diagnosis confirmed by the post-mortem.—*Centralblatt*, Oct. 25th.

F. Salyer reports the case of a sadler, aged 46, suffering probably with hereditary (lineal) leukæmia, who was affected without known cause with priapism, at first of short duration, then of nearly eight weeks continuance, with subsequent loss of the power of erection. Some other cases of long continuing priapism have been reported. —*Centralblatt*, Oct. 25th.

Anti-Vivisection Movement.—A petition is circulating New York against the bill recently introduced to prevent vivisection. It is presented to medical men only, and they have, with but two or three exceptions, all signed it. Prof. John C. Dalton has been most active in setting this movement on foot.—*Med. Record.*

BORACIC ACID IN SKIN DISEASES.—Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may be also dusted over a part in powder. The ointment is of the strength of 10 parts in 50; the solution, of 10-20 parts in 300.—*Der Practische Arzt.*

THE ELECTRIC LIGHT IN SURGERY.—On December 11th Mr. Berkely Hill operated at University College Hospital, for vesico-vaginal fistula, using an electric light. This consisted of a glowing platinum wire enclosed in a glass chamber, which was itself enclosed in another glass cover. Between the two a current of water flowed. It worked very successfully.

DIGITALIS AS AN OXYTOCIC.—Dr. W. B. Davis reports several cases where he has used digitalis instead of ergot, and has found it to produce marked contractions of the uterus. He asks for the experience of others in the matter.—*Medical Brief.*

HYDROBROMATE OF QUINIA FOR HYPODERMIC USE.—Dr. J. A. White stated to the Richmond Academy of Medicine that a solution of the hydrobromate of quinia was extensively used by Baltimore physicians for hypodermic injection. He had never seen it produce abscesses or local irritation, although he had used the equivalent of fifteen grains.—*Va. Med.*

NEW YORK CHARITIES.—About $5,000,000 are expended in charity and pauper relief of various kinds in New York city each year. Nearly one-half of this is raised by taxation, the rest being donated by charitable persons.—*Med. Record.*

APOMORPHIA IN ASTHMA.—North Carolina Medical Journal: One tenth of a grain of apomorphia introduced hypodermically will relieve the orthopnea of asthma in a surprisingly short time. Our readers should add this to their list of "remedies."

IT is stated that "there are not less than two thousand cases of fœticide annually in Maine, and that it is impossible to get an attorney to prosecute or a jury to convict an abortionist."

OBITUARY.

Dr. James Francis King, of Wilmington, N. C., died in New York City on Sunday, December 7th, 1879, whither he had gone for medical treatment. Dr. King was about 50 years of age. He was born in Carteret county, and was in the Confedrate service. Towards the close of the war he removed to Wilmington where he remained in the practice of his profession. He was an excellent physician, combining with his knowledge of his profession the soothing influence in a sick room of an experienced nurse, and these, coupled with his devotion to business, soon earned for him a splendid practice. Outside of his profession he was a genial gentleman, courteous to all, and generous alike of time and money to the poor and afflicted. He was possessed of rare conversational powers, and those who knew him well know how richly his mind was stored. He had a host of warm personal friends, and his death will leave a void which cannot be easily filled.

Dr. William Little, of Raleigh, N. C., died on Tuesday December 23rd, 1879. Dr. Little was born on the 31st day of January, 1838. He attended medical lectures at the University of New York, where he obtained his diploma in the spring of 1861.

Returning to the South he entered the service of the confederacy and was assigned to duty as an assistant surgeon at the Pettigrew Hospital, near Raleigh. He performed his duties here in a manner that gave great satisfaction and won him a legion of friends amongst the soldiers. After the war he went to Belize, in Central America, where he spent a year, returning to his home in 1867.

Dr. Little was in 1868 elected health officer of Raleigh. He was President of the Raleigh Academy of Medicine, a Vice-President and afterwards Secretary of the North Carolina Medical Society, and was at the time of his death physician to the Penitentiary.

The hand that has so often stayed disease and put aside death now lies stricken and dead. It has done a good work, and now rests on its crown of reward.

DEATH OF SURGEON-GENERAL J. WINTHROP TAYLOR.—Dr. J. Winthrop Taylor, ex-Surgeon-General, U. S. N., died in Boston, January 19th, 1880. He was born in this State, and entered the Navy as Assistant Surgeon March 7, 1838, being appointed from New Jersey. He was for five years with the West India Sqadron, and then was on duty in home ports or the Home Squadron until the breaking out of the rebellion. He was appointed Surgeon May 1, 1852. With the exception of two years—1864–66–at Boston, most of his services during the civil war was in the Gulf. Since 1873 he has been attached to the Naval Rendezvous at Boston.

DR. E. B. WOLCOTT, Surgeon General of Wisconsin, and member of the Board of Managers of the National Soldiers' Home, died of pneumonia, at his residence, in Milwaukee, on January 5th, after a few days' illness. He was 75 years of age, and was widely known throughout the Northwest.

DR. OLIVER HOFF, of San Francisco, who died recently, directed in his will that a monument, not to exceed $1000 in cost, should be placed over his grave, and forbade any society of which he was a member, or any friends, to pass resolutions of condolence over his decease, or communicate the fact to his friends in the east.

DR. ALEXIS MARTIN, aged about one hundred years, died during the latter part of last month, in Greenbrier County, West Virginia. Dr. Martin was of French descent, and was a surgeon in the French army in 1814.

DR. ADAMYAH STRONG, one of the oldest physicians in Pennsylvania, and a brother of the late Judge Strong, of the Supreme Court, died at Homsdale, Pa., on Friday, December 5th, 1879.

The eminent French physician and naturalist, Dr. Jean Charles Chenu, died recently, at the age of 71. His first publication was a treatise on cholera morbus (1835); his second an essay on thermo-mineral waters (1840). He next applied himself to the preparation of his great folio work, " Conchological Illustrations, or, Description and Figures of all Known Shells, Living or Fossil, with the new Genera and the latest discovered Species" (1842–1847). In 1852 he became librarian of the School of Military Medicine, made the campaign of Crimea in connection with the ambulance service, and was director general of ambulances during the siege of Paris.

DR. B. LINCOLN RAY died at his home in West Philadelphia, on December 9th, at the age of 43 years. He was a son of Dr. Isaac Ray, and was himself a well-educated physician and a cultivated gentlemen. He was well known as a musician also.

DR. EDWARD STRUDWICK, of Charlotte, N. C., died last week, from a large dose of belladonna tincture taken by mistake. He was 80 years of age.

MARYLAND
MEDICAL JOURNAL.

VOL. VI. BALTIMORE, MARCH, 1880. No. 5.

ORIGINAL PAPERS.

NERVOUS EXHAUSTION (NEURASTHENIA), WITH CASES OF SEXUAL NEURASTHENIA.

BY GEORGE M. BEARD, A. M., M. D., OF NEW YORK.

The general philosophy of nervous exhaustion (neurasthenia), may be condensed in the following propositions, which in the form that they are here presented, represent years of observation and reflection on this special subject:

1st. Neurasthenia is a chronic, functional disease of the nervous system, the basis of which is impoverishment of nervous force, waste of nerve tissue in place of repair—hence the lack of inhibitory or controlling powers, physical and mental—the feebleness and instability of nerve action and the excessive sensitiveness and irritability, local and general, direct and reflex. The fatigue and pain that temporarily follow excessive toil or worry, or deprivation of food or rest, are symptoms of acute neurasthenia, from which the chronic form differs only in permanence and degree. "Nervousness" is really nervelessness.

2. The varying and multitudinous symptoms that accompany neurasthenia, are largely the result of reflex irritations that take place not only through the ordinary motor and sensory nerves, but through the sympathetic system and vaso motor nerves. These reflex irritations may arise from any part of the body and

may be transmitted to any other part; but the chief centres of such irritation are the brain, the digestive system, and the reproductive system.

3rd. The heart and blood vessels, through their abundant, complex and sensitive nerve supply, are quick to feel any such reflex irritation from any source. Thus the local and general blood supply of the body is liable to fluctuation, with a special tendency to local passive hyperæmia or nervous congestion. In the eye this condition can be inductively demonstrated. The circulation is thus kept constantly unbalanced, waves of hyperæmia pass from one organ to another under the influence of a myriad of exciting causes. Thus is explained the inconstancy and correlation of the symptoms, the caprice with which they come and go, and the substitution of one symptom for another.

4th. Innervation precedes circulation. These local and varied hyperæmias with the special and local symptoms to which they give rise, are not strictly diseases, but the results of disease. These hyperæmias are the products of neurasthenia.

5th. The so-called cerebral irritation, spinal irritation, irritable eye, [neurasthenic asthenopia] irritable ear, irritable stomach [nervous dyspepsia,] irritable heart, irritable uterus, irritable ovary and irritable prostate, are but special local manifestations of the general neurasthenic state. These special conditions cannot be scientifically studied, or treated individually or separately; but only in their relation to each other and to the trunk of which they are the branches.

6th. Neurasthenia may exist entirely independent of anæmia. Its subjects are often exceptionally physically strong, and with all their nervous weaknesses and pains, capable of severe muscular toil and endurance. It may, however, be complicated with anæmia and also with various organic diseases of which it is sometimes the result, though but rarely the cause. As the blood is the body in a fluid state, conveying the materials of the nervous system as well as of other tissues, it is probable that it changes in its constitution with the various states of neurasthenia; and it is not improbable that such changes in the corpuscles at least may be in some way brought within the range of the senses.

Such in substance, was the philosophy of neurasthenia, though less elaborated that I taught in my first paper on the subject, as published in 1869, and subsequently republished as a chapter in *Beard and Rockwell's Surgical Electricity*. This philosophy has been in the main adopted and advocated, and the observations and reasonings that led to it confirmed by all who, since that time, have conspicuously written upon neurasthenia.*

In the causation and continuance of the neurasthenia state, the genital system plays a very important part. It is not the only factor in the causation or keeping of this disease, but it is a very important factor, without which many cases of neurasthenia would have arisen. The genital system, with all its complications, the prostatic portion of the uterus, the meatus, the prepuce, the testicles, and its functions of urination and reproduction, is very often an aggravating when it is not the original or chief exciting cause of nervous exhaustion.

To those cases of neurasthenia that are excited or maintained by sexual irritation, whether from excess in the natural or unnatural way, or from the mechanical irritation of a contracted meatus, or stricture, or phimosis, or simply redundant prepuce. I have elsewhere applied the term *sexual neurasthenia*.

The following cases illustrate in a clinical way some of the phases of sexual neurasthenia:

CASE I.—A young man aged 22, a mechanic, was referred to me by one of my medical friends, with a limited number of symptoms of nervous trouble plainly of a sexual origin. Whenever he attempted to have intercourse with women, there were no erections. He was at times troubled with emissions. His physical strength was very great. He was capable of working and did work very hard in his business, —was a large, heavy built young man, and yet his strength was offset by a timidity, a fear of society which seemed almost absurd. His history of abuse had not been an especially remarkable one, and yet there was enlargement of the organ to a moderate extent. He had undoubtedly aggravated his symptoms by excessive worry, but the symptoms were real and demonstrable.

---

*The above is from the advance sheets of a work on Neurasthenia.

Although he had a normal desire apparently, yet partly if not mainly through fear, he could do nothing when he made any experiments with women. He was desirous to get married within a reasonable time, and therefore consulted me.

The noteworthy fact in the case, was the unusual strength of the person. Hypochondria is about the only diagnosis that could generally be made. This was a case which generally would receive the diagnosis of hypochondria. He had much the appearance of a hypochondriac, and yet he was not in the true sense hypochondriacal. But the symptoms were real, genuine objective, easily demonstrated, and clearly flowed from the irritation of the genito-urinary system.

CASE II.—A young man, 30 years of age, consulted me with the following symptoms:—At one time in his life the seminal emissions had been very frequent; of late years less frequent—but four or five times a month. These emissions had resulted from stopping the habit of abuse. There was what we call a diurnal emission after stool. Sometimes he felt worse after the emissions and sometimes not. For seven or eight years he had been annoyed with ringing in the left ear —a sound as of a distant bell or hissing sound. He had also a feeling of heaviness of the head, he had mental depression; he had fear of society or anthrophobia. He had also sweating of the hands, pain in the back, both at the genital centre in the lumbar region, and between the shoulders. The sleep was uncertain and treacherous, but he was not especially insomnic. In sexual intercourse the emissions came too soon, with insufficient pleasure. He was troubled with what I call the weeping penis, or slight discharge (not gleet,) or excitement, both before and after intercourse. Examination showed that the penis was very large and flabby, with that gristly feeling which results from excessive and long continued self abuse—a sort of hypertrophy of the part. There was no phimosis, and a large sound could easily be introduced.

In the above case it is interesting to note—

First, the great physical strength of the patient. He was capable of walking very long distances. The neurasthenia did not interfere with severe labor. There was no anæmia.

Secondly, he had also passed through some of the symptoms which he had suffered—they had, so to speak, worn themselves out—but sufficient remained.

Third, the enlargment of the penis by self abuse is worthy of note, since not very much has been written upon this subject.

CASE III.—A physician nearly 40 years of age, of a moderately nervous organization, whose mother all her life had suffered from general debility, and whose relatives and other branches of the family were of the nervous diathesis, and gave a history of various neurasthenia symptoms. Among the symptoms were a feeling of pressure over the eye brows; a feeling of heat and positive pain at times on the vertex; pain at the back of the neck; a burning in the feet, sweating of the hands (palmar hyperidrosis), indefinable sensations at times in the head; attacks of indigestion and furred tongue, shortness of breath, with palpitation of the heart; a hot feeling in the ear. In his case there was a very interesting alternation, or as I sometimes call it, a correlation of symptoms. When the head felt best, the feet felt worst, and *vice versa*—an alternation going on between the head and the feet. At times he was much debilitated, and could not walk two miles with ease. He found it hardest to work in the forenoon; grew stronger as the day advanced.

The sexual history of this person was that he began the habit of abuse at the age of 15; that emissions came on while at school, which compelled him to break off from his studies. Two or three times a night was their greatest frequency. He could sleep generally pretty well, but if aroused out of sleep, found it impossible to go to sleep again. Examination of the urine found abundance of the oxalates and urates. He was also troubled with roaring in the ears for several years. At one time there had been great mental depression, but that he had passed through. For many years he had been married and had a family. If he did not have intercourse at least two times a week, seminal emissions of such a case; there was a hypochondriacal element in the case. There was no question that he had abused himself; there was no question that this abuse had caused weakness. There was also no question that he had exaggerated this weakness by excessive worry and by timidity. But this timidity was in his case in part a result of his local debility.

The above case illustrates several propositions which I have elsewhere enforced:

First, that the sexual exhaustion with the symptoms of emission may occur in the married just as in the unmarried; that marriage is not a cure any more than it is a cure for many other diseases.

Secondly, the alternation of the symptoms between different parts of the body. This is explained by the theories I have elsewhere advanced in regard to the *rationale* of neurasthenia, the unbalanced circulation permitting waves of blood to go from one part of the body to the other.

Third, this case illustrates a passing away of symptoms and an appearance of others. The symptoms of mental depression and of roaring in the ears he had already left behind him when he consulted me.

How certain local symptoms may be maintained and be obstinate against treatment, on account of irritation from the genital system that would usually be unsuspected, is illustrated by the following case of a clergyman who consulted me exclusively for weakness of the eyes, which weakness, as I became convinced, was in a degree at least, dependent on genital weakness:

CASE IV.—The patient was 33 years of age. Some years before he had been exposed to excessive heat in the tropics, which brought on neurasthenia, with symptoms of indigestion and palpitation of the heart. This neurasthenic attack left him with a neurasthenic asthenopia. In the pulpit he could read a chapter or so of the Bible and his eyes would not ache, mainly on account of the excitement and diversion of the mind from himself; but in private his eyes would ache after a few moments reading. At times the eyes would become red and inflamed; and also were very sensitive to light, day and night. Examination of the eyes by Dr. Mittendorf, showed that there was insufficiency of both the internal recti muscles, especially of the left side. There was also slight retinal hyperæmia. The case therefore, was one to which I usually apply the term " neurasthenic asthenopia."

I treated this case similar to other cases of that kind that I had cured, by the *interrupted* galvanic current in the inner angle of the eye with the negative pole, the positive being placed at the back of the neck, or on the temples. Immediate relief followed a single application, as it often will in a case of this kind, and I repeated the applications; but there was not that permanence n the effect that I desired.

When he first consulted me, I inquired into the condition of the genito-urinary system, as I always do in all cases of neurasthenia—not that it is the sole cause, but a very frequent cause of these troubles, or at least a complication of them. So far as I could find out from him, there was no difficulty there. He was an unmarried man, and represented that emissions were not especially annoying. When he found, however, that he did not improve as he had hoped, and as I had hoped, he told me freely that he had abused himself at times and that he had not wholly recovered from the habit, and it was clear that he himself was convinced that there was a connection between those parts and the eyes. The whole appearance of the patient suggested genital difficulty.

There was no reason to suppose in this case that the origin of the difficulty was exclusively of a genital character. There was no reason to doubt that his history as given to me was correct; that exposure to excessive heat had been the main exciting cause. Exposure to great heat is one of the most frequent of exciting causes of the neurasthenia, especially in the United States, where we have the greatest possible extremes of heat and cold. This patient, though spending his time in the tropics, was of American birth. The sexual element was an incident and complication.

Another example of the fact on which I have insisted again and again in all my writings on this theme—that marriage is not a cure for these reproductive difficulties, and that the worst features and symptoms of genital trouble may appear in those who are happily married—is shown in the following instance.

CASE V.—A physician less than 25 years of age, consulted me in regard to himself. He had been married for a year, and during that year he had had sexual intercourse but three times, and in those three cases it was not of a satisfactory character. The emissions came too soon, indeed, as soon as he touched his wife usually. Prior to marriage he had but once had anything to do with a woman.

His history was, at the age of 12 or 14 he was taught the habit of masturbation, which he kept up four or five years. He stopped suddenly and their came emissions. This is the old and very familiar history. His emissions appeared two or three times weekly, never more frequently than that. His other symptoms were fear of society or anthrophobia, abnormal sweating of the genital parts, especially of the scrotum; the testicles were small—the left one especially so. This patient also was of great strength, capable of taking very long rides in a carriage or on horseback, and attended to his practice without difficulty. There was no evidence of brain disturbance or of spinal cord disturbance, as is so common in these cases.

This case illustrates the fallacy of the statement made so often in our best books on these subjects,—that when emissions occur but two or three times a week, they are not pathological—that is, not any signs or symptoms or results of disease, and are unworthy of consideration. This man was not in any way hypochrondriacal, and his symptoms were certainly of an objective character. Under treatment local and general he rapidly improved and soon reported that his wife was pregnant.

In the following case also, we see that regular opportunities for normal sexual intercourse are not any cure for sexual debility, but may even be the very cause of that debility.

Case VI.—A young man 25 years of age, by occupation a bookkeeper, gave me this history:—His mind was sometimes much confused; he found it difficult to attend to his business. At times there was dimness of vision. His pulse was over a hundred. There were severe lumbar pains, and pains also in the groins. The gums were white. There was evidence of anæmia, and the hands sweat excessively. He had the marked neurasthenic voice that I have described. He had anthrophobia, fear of society in its full force—inability to look one in the face, down-castness and timidity of expression. He was not troubled with emissions. He had a mistress whom he visited regularly, and by excess with her had, I believe, brought himself into this state. He complained that the erections were but partial; that he had no longer full intercourse.

Of the above case, it is to be noted that sexual excess in a natural way can produce precisely the same symptoms as excess in an unnatural way. There is no doubt that excess with a mistress or excess with public women is more liable to bring on genital debility than excess in the married state—for this psychological reason, that when we visit a mistress, or when we visit a public woman, we go solely, or mainly at least, for the purpose of sexual gratification; our minds are upon that idea;

consequently there is a constant excitation of the sexual function. This is not the case in married life, where we live constantly with our companion; in such a relation the sexual act is incidental, and therefore less exhausting to the nerves.

REPORT OF FIVE CASES OF DIPHTHERITIC PARALYSIS.

BY THOS. S. LATIMER, M. D., PROF. PHYSIOLOGY, HYGIENE AND DISEASES OF CHILDREN, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

(*Read before the Clinical Society of Baltimore*).

CASE I. J. L., a middle-aged, robust man, and his two children, aged 8 years and 5 years, passed safely through an attack of diphtheria said to have been of ordinary severity. They lived in an unhealthy locality of the city, where a number of cases of diphtheria had occurred. The father alone was seen by me, the children having had the disease in so mild a form that it was not thought necessary to employ a physician. There was, however, no difficulty in distinguishing the character of the affection as it occurred in him; and, from the description given, I entertained no doubt that the disease in the children was of the same character.

On the 14th day after the alleged subsidence of the primary trouble, the elder child was observed to totter in his gait, and, on the 15th day, his head fell forward on his breast from whence he could not remove it without assistance. I was then sent for and observed that he could only stand erect when holding by some support; but that when his hands rested on the wall, or back of a sofa, he could walk quite well, though with a slow and cautious movement. One foot having been advanced the other was brought to it with a swinging movement of the pelvis; then the knees were braced against each other, with the feet widely separated; and the child would steady itself for a moment, and then the first foot would be swung forward with the same pelvic movement, and the other brought up to it as before. The whole movement was slow and labored, but not tottering. During all this time, the chin rested on the breast and no persuasion could induce him to move it. I at first concluded that this was due to paralysis of the erectors the cervical flexors remaining unaffected; but found that when the head was lifted, and carried back beyond the right line, it fell backward quite as helplessly. He could, however, by inclining the body slightly to one side bring the head forward on the chest by rolling it over the shoulder of that side, showing no preference for one shoulder over the other. The movements of the tongue were unimpaired, his speech *distinct and clear, and deglutition was easily and normally performed.* When placed on his back, the movements of all his members were active, and well coördinated, but could only be maintained for a very short time, when they ceased from exhaustion. Beyond an extreme pallor the child did not appear, otherwise at all unwell. His appetite and digestion were good; his sphinters well controled; his temperature normal, his urine and feces natural in character and regularly discharged. Quinine, iron, and cod liver oil were administered, together with a liberal diet. He was put to bed and the parents instructed not to permit him to arise, and vigorous friction was directed for the entire body. On the evening of the same day, I saw him again, and observed no material change in his condition, though no effort was made to stand him up or induce him to make any movements.

On the following day, he was but little changed, and no apprehension was then felt for him. On the 3rd day, however, all the previous symptoms had grown worse. He could no longer stand; his pulse was slow and feeble; his movements in bed labored, indefinite, and speedily followed by exhaustion; his pallor was extreme, skin cold and clammy, temperature 101°; his speech was slow, but articulation good; disposition to swallow was small, but unattended with difficulty when persuaded to do so. No change was made in medicine; but beef tea, ʒij, was directed to be given alternately with same quantity of cream, every two hours, unless found to induce nausea. On the evening of this day, he began to experience difficulty in swallowing, and his food and drink escaped through the nose. On the 4th day, he was quite helpless; could not swallow, or speak distinctly enough to be understood, and, on the evening of the 5th day, he died, apparently, by simple progressive loss of all his powers. The muscles of deglutition were the last involved.

Case II. On my first visit to case 1, my attention was called to the younger child, who was found to be suffering in a precisely similar manner. The subsequent history and treatment of case 2 differed in no essential particular from that just related, and death occurred a few hours later on, the same day.

Here also the muscles of articulation and deglutition were the last involved, and the manner of death was the same,—apparently from failure of the heart's action.

Case III. W. S., a hearty son of healthy parents, 4 years old, was attacked October 11th, 1878, with diphtheria, from which he made a good recovery in seven days after treatment with dialized iron, chlorate of potash, and carbolic acid. His aunt, a maiden lady in the same house, became affected with the same trouble, before he had been dismissed, and also made a good recovery under the same treatment. Both patients, however, were extremely pallid, presenting the appearance of leukæmics, and both continued to show, for some time after, great languor. So much was this the case, that, for both, iron and quinine were prescribed, and daily passive exercise, (carriage riding) in the open air was enjoined, and faithfully practised, when the weather would permit. The aunt continued steadily to improve; but on November 12th, just twenty-five days from the time when he was declared well of the primary disease, the boy began to totter in his gait, to hold on to things for support in walking, to brace his knees and separated his feet when standing, and to display the same general train of symptoms as in case 1, except that the muscles of articulation and deglutition were more speedily involved, though not until those of both extremities, and the flexors and erectors of the neck, had become decidedly implicated. The iron and quinine, which had never been intermitted, were continued, and ⅛ grain doses of nux vomica every fourth hour were added. Rest, liberal diet, and friction, as in case I, were also directed. On the morning of November 19th, I left him very much prostrated, but with no thought of immediate danger. About 10 P. M., of the same day he began to have great respiratory difficulty, and, knowing I was out of the city, another physician was called in, who, thinking false croup had supervened, administered emetic doses of ipecac and warm baths, and a few minutes before twelve of the same day, the child died in suffocative spasm. An examination of the throat was had, and no lesion discovered but great œdema glottidis, which was, no doubt, the original cause of the suffocative difficulty, and sufficiently accounted for by the feeble circulation and impoverished blood; and I fear I must add that the medicines administered intensified the trouble.

CASE IV. The history of this case is kindly furnished me by my friend Dr. James McHenry Howard, the patient having come under my observation only after the supervention of paralysis; and being at no time in my charge.—Case iv. C. R. H., aged 2 years and 6 months, taken with diphtheria November 21st, 1878; at first pharyngeal, afterwards nasal; exudation disappearing in two weeks. Child very weak, and was kept in bed for ten days or two weeks after disappearance of exudation.

When allowed to get up, he was able to stand and to walk across the room, but fearing paralysis, exercise was discouraged and he was kept in a room of uniform temperature, well nourished and took elixir of iron and quinine.

December 25th, he was allowed to come down stairs, and the next day symptoms of weakness in the lower extremities developed, which increased till he was unable to stand; this seemed to be want of accommodation, as he was able, lying on his back, to kick with either leg. At the same time, there was a good deal of pharyngeal unaccomodation; if made to fix his attention upon the act, he could swallow tolerably; otherwise, articles would get into the nose or trachea. Voice is as much affected. This condition continued for three weeks, when some improvement was noted under the use of ferrated elixir of iron and nux vomica. Alteration being then noticed in his condition, he was placed upon antiperiodic doses of quinia, and from that period made sure progress to recovery, varied only by a very pronounced gastritis, attributed to the nux vomica and iron, and ceasing when they were withdrawn. By February 1st, he was able to stagger across the room.

Case V. S. F,, a hearty girl of 4 years, living in a perfectly healthy neighborhood, on the fourteenth day after recovery from a very mild attack of diphtheria, which had left no trace except a perfectly blanched condition of skin, and of exposed mucous membranes, began to show unsteadiness in her gait; the same bracing of the knees referred to in preceding cases, followed on the fourteenth day by the falling forward of the head on the breast, from which however she could lift it without assistance. On the same day, difficulty in swallowing was experienced for the first time. This case was treated, both in the primary and secondary trouble, in precisely the same manner as case 1; but after about seven days continuance of the symptoms in much the same way, evidences of improvement began to appear; but not until about six weeks from the first appearance of paralysis, could the child be considered well. The throat, which was last to be affected, was first to recover.

The, to me, noteworthy features of these cases are:

1. The extent of the paralysis.
2. The order of its progression.
3. The large mortality, and, in the fatal cases, the short time intervening between the appearance of paralytic symptoms and death.

In each of these cases the paralysis was general, but exhibited itself, first and most decidedly, in those muscles, on which the greatest stress of work was placed. Both, I think, by reason of the work, and because in them imperfect degrees of paralysis would be most readily detected. Thus arm and leg muscles being equally affected, in the erect posture it would be evident in those of the leg, and escape detection in those of the arm, unless they were put to lifting heavy weights. Hence, when the patient is placed on his back no distinction can be made between the movements of arm and leg. For the same reason feebleness of cervical erectors will be early detected by the falling forward of head on breast. In other words, in such cases as I have related, the paralysis is from the beginning more general than it appears to be. The order of its progression, or, rather, of its manifestation, would be from lower extremities to neck, to throat, to upper extremities; sphincters last, because peristaltic action would be relatively diminished.

This was the order observed in all the cases I have related (all the cases of diphtheritic paralysis that have come under my observation), but it is the reverse of the order in which it is commonly said to occur. Thus Dr. Senator, in an elaborate and able article, published in the Sydenham transactions for 1877, says, " These paralyses always commence in the throat, and extend to other parts with certain regularity." Dr. Cheadle in a report of cases occurring in " Hospital for Sick Children, Great Ormond Street," published in the *Lancet* (Feb. 15th, 1879), after relating three cases in which this did not occur, remarks the peculiarity, " that in all three cases, contrary to what usually takes place, the paralysis of the lower extremities occurred before any peculiarity in the speech." And Dr. N. S. Davis, of Chicago, in an excellent article on this subject, in the November number of the *Medical News* and *Library*, says, " In a large majority of the cases, the paralysis is limited to the muscles of the fauces."

Prof. Steiner, of the University of Prague, makes substantially the same statement; and Prof. J. Lewis Smith, of Bellevue, says, " The muscles most frequently affected are those of the pharynx and upper part of the larynx; and again, " a few cases have been reported in which the paralysis has been almost general." Indeed I am ignorant of any writer who takes a different view. Such a singular accordance of statement, in such direct antagonism to the facts observed in all the cases that have come under my observation, is difficult to understand, and I am forced to conclude that many of these gentlemen have accepted this statement from one another, without pausing to consider its value. With some of them, it seems to be such a direct out-come of their theories, as to awaken an uneasy doubt as to the accuracy of the observation on which it rests.

Dr. Senator appears to think, the paralysis directly depends on the local affection, and is only indirectly related to the diphtheritic toxæmia, and remarks that "in cases where they *appear* to take a different starting point, the paralysis of throat has been probably overlooked;" and further, on he adds, that "it follows from what I have laid before you, with regard to the supervention of the paralysis, that they *must* proceed from the palate, and the posterior wall of the pharynx."

Dr. Senator evidently has a strong conviction of the correctness of his views, which makes him consider those cases reported to have originated in a manner that will not harmonize with them to only 'appear' to have done so. Yet he holds that there is nothing "specific" in diphtheritic paralyses, which are in his judgement identical with paralyses that occur in any form of exhausting disease, accompanied by a local irritation, as in typhoid, typhus, small-pox, dysentery, etc. "In fact," he adds, "there is a series of paralyses, which occur in consequence of more or less extensive ulceration of various mucous membranes, and to which various names have been assigned." In short, he holds all such paralyses to be of local origin; and, as a "neuritis migrans," in each case to invade different branches of the nerve end primarily affected, until finally the centre is reached, when the paralysis may become general.

If this were the case, I can not but think there would be a necessary and close relation between the degree of the local primary affection, and the frequency, rapidity, and violence of the secondary affection; and even Dr. Senator admits, and I know no authority that does not, that paralysis often follows cases where the local affection has been least pronounced.

There are few or no writers at present who deny that diphtheria is essentially a blood poison, though they may differ as to whether the blood is primarily or secondarily affected. That there is a true primary toxæmia, I entertain no doubt, since secondary troubles are so common in many cases where there is so little local trouble, as to often leave us in doubt whether or not it is diphtheria with which we are dealing and where therefore the probability of a throat origin of the infecting material is exceedingly small; and I am prepared heartily to endorse Dr. Davis' statement—"That diphtheria is a general fibrile disease, produced by a cause or causes, that act primarily upon the blood and properties of the tissues, indicated by a general disturbance of the functions of the system, and subsequently developing local inflammation." I am therefore disposed to conclude, that, in such cases as I have reported, if not in all cases, the paralysis is not a neuritis migrans, has not its starting point in the throat, and has no necessary connection with the character or extent of the primary throat trouble.

The one constant condition precedent to the paralysis, that I have observed, is extreme pallor, indicating a great relative excess of white corpuscles, associated with a degree of debility not explained by the clinical history.

The paralysis therefore appearing to be due to imperfect nutritive quality of the blood, and consequent mal-nutrition of *all* the tissues, which, however, is most manifest in nerve and muscle, simply because imperfect functioning is with them more easy of detection. Nerve and muscle fibre and nerve cell undergo steady retrogression until their power is wholly lost; hence these paralyses are never sudden. Nothing like "a stroke" can ever properly be said to occur.

Finally, for I fear I have trespassed unduly on your good nature, the mortality in my cases has been something extraordinary, in view of the fact that I have followed substantially the line of treatment indicated by those gentlemen who, like Dr. Senator, say "all these paralyses, those only excepted—which he holds to be a very small proportion—which cause death by affecting the movements of the heart, and muscles of respiration, generally tend to a favorable issue; or, who like Œrtel place the mortality at from eight to ten per cent; or, like Dr. Davis, have had in twenty-nine years of practice, many cases of varying degrees of severity * * ; but, up to this date," had "not seen a case that terminated fatally either in hospital or private practice." Surely the diphtheritic paralysis these gentlemen have encountered is not that, which I have encountered; and I must be pardoned for believing that some at least of those cases wherein the throat alone was affected, as indicated by impaired articulation and deglutition, were not paralyses at all, but cicatricial contractions, enlarged tonsils, œdema and the like. I am, however, far from denying that there may be and often is a purely local paralysis, which is a true neuritis migrans, immediately consequent on the primary local affection; but that this is the ordinary history of diptheritic paralysis I can not believe.

◆

FOREIGN BODIES IN THE STOMACH AND INTESTINES.

BY RANDOLPH WINSLOW, A. M., M. D., ASSISTANT DEMONSTRATOR,
UNIVERSITY OF MARYLAND, PHYSICIAN TO THE JOHN
HOPKINS COLORED ASYLUM.

(*Read before the Baltimore Clinical Society, Jan. 2nd*, 1880.)

Foreign bodies in the stomach and intestines may be divided into two classes. 1st, those formed within the intestines or their appendages, and 2nd, those introduced from without. The first class are comparatively rare, and generally of but little importance, but exceptionally they give rise to serious and even fatal lesions, and for that reason I will devote a short time to their consideration. The most usual substances of this class are gall stones, intestinal concretions of various kinds, ascarides and fœtal bones. The entrance of a gall stone into the duodenum may be suspected when the excruciating pain in the right hypochondriac region suddenly ceases, leaving only a feeling of soreness and fatigue. It is not often that stones passed in this manner cause any further trouble. In other cases the calculus being too large to pass through the ducts causes inflammation of the gall bladder, with adhesions to some part of the intestinal tract, and finds its way into the bowels by ulceration, and in such cases serious difficulty may be experienced in its evacuation. The symptoms of mechanical duodenal obstruction from the impaction of a gall stone resemble those produced by internal strangulation of the intestine or by hernia. There will have been pain in the right hypochondrium if the concretion has traversed the duct, little or none if it has ulcerated into the intestine. Severe vomiting takes place early, but is not stercoraceous in appearance or odor. There is obstruction to the passage of feces, and a collapsed abdomen when the impaction is high up; when the impaction is in the large intestine or in the lower portion of the small, the abdomen will be greatly distended from the accumulation of feces above the obstruction, in this case the vomiting will become stercoraceous. The urinary secretion is scant, when the obstruction is in the duodenum or upper portion of the jejunum, both on account of the rejection of water by vomiting, and because not much fluid can come in contact with the ramifications of the portal vein, and this is an important diagnostic indication, for when the impaction is low down there will be an increased secretion of (Habershon) urine.

After symptoms of obstruction have lasted several days, the gall stone may become disengaged, and be passed with the feces, but such is not the usual course, generally death results from exhaustion and inanition. It seems to me that the administration of oleaginous purgatives offer the best chances of dislodging the concretion, aided by manipulations through the abdominal walls. Belladonna might also be tried, in order to relax the muscular coat of the bowels. When all other means have failed enterotomy antiseptically performed offers reasonable hopes of success.

Fecal accumulations are liable to form in persons of constipated habits, and may be produced by various articles of food. In Scotland, where oat meal is used largely as an article of diet, such accumulations are especially common. These tumors are sometimes mistaken for malignant growths, but ought to be recognized by their doughy feeling, and slight sensibility to pressure, as well as by their alteration of shape upon manipulation ; obstinate constipation generally exists, but there may be an irritative diarrhœa. The large intestine is the seat of these accumulations, and notably the cæcum and sigmoid flexure. Fecal masses may be dispersed by gentle purges of calomel, blue pill, castor oil, and many other laxatives, aided by enemata, especially when the obstruction is situated in the rectum and sigmoid flexure. When the constipation has been long continued, and the tumor is situated in the ascending or transverse colon extract of belladonna should be freely given by the mouth or in suppository, followed every morning by warm injections, in which castor oil and turpentine may be used with great advantage. After the failure of other means, the handle of a spoon introduced into the rectum is an efficient instrument for breaking down the hardened mass if it is within reach. Strychnia or nux vomica are valuable remedies for restoring the normal peristaltic action of the bowels after the removal of the obstruction. I will also here call attention to the virtues of F. E. Cascara Sagrado in 10 to 30 ♏ doses, and to the lozenges of Tamar Indien prepared by Grillon of Paris, for the relief of constipation. These remedies are unlike other laxatives, in that they not only move the bowels, but cure the habit.

Intestinal concretions sometimes consist of articles introduced into the stomach as remedies, such as magnesia, chalk, sesquioxide of iron, flour of sulphur, powdered cubebs, white mustard seed &c. These become intimately mixed with the feces and form hard lumps, which produce symptoms of intestinal obstruction varying according to their size. Enterolithes are sometimes formed of pure cholestrine, or of biliary calculi coated with cholestrine. I believe insoluble sugar coated pills not unfrequently form masses in the intestine, and there is the same danger of their entrance into the vermiform appendix, as of any other small foreign body.

Obscure tumors within the intestines are sometimes formed by collections of ascarides lumbricoides, which cause trouble in proportion to their size, sometimes obstructing the passage of feces, sometimes causing convulsions, and other reflex nervous phenomena. When such lumps are formed in children, worms should be suspected, and if present the feces will exhibit their ova under the microscope. In some instances the movements of the worms may be detected through the abdominal walls. Suitable vermifuges should be given, and if the tumor consists of these parasites, they will be expelled, and the diagnosis established at the same time.

The only other foreign bodies of this class which I will mention are fœtal bones. These find their way into the intestines by ulceration, and can only be detected by exploration of the rectum by the finger, forceps, or speculum, and may be mistaken for bones swallowed whilst eating, or for those introduced by design into the rectum. A very superficial examination ought to be sufficient to distinguish them, especially if the history of an extra uterine fœtation can be determined.

I now come to my subject proper, foreign bodies which have been introduced into the alimentary canal from without. This class is very numerous, and the substances vary much in size, shape and character. They may be swallowed accidentally or by design. Insane, drunken, hysterical and delirious persons not unfrequently introduce foreign bodies into their stomachs. Jugglers occasionally swallow various articles in the performance of their tricks. Counterfeiters swallow coin to escape detection, and a few persons introduce substances with suicidal intent. Sometimes large and heavy articles find their way into the stomach. Prof. Gross records the "case of a man who swallowed a bar of lead, ten inches long, upwards of six lines in diameter and one pound in weight, whilst performing some tricks of legerdemain," which was removed by gastrotomy and the patient recovered in two weeks. He also mentioned another case in which a teaspoon was swallowed, whilst the patient was in a paroxysm of delerium, which was removed from the ileum by enterotomy, recovery taking place in a few weeks.

Prof. Agnew "saw in the dissecting room of the Philadelphia School of Anatomy, a female subject, afterwards learned to have been insane, in whose intestinal canal from jejunum to rectum was found three spools of cotton partially unwound; two roller bandages, one of them 2½ inches wide and 1 inch thick, the other was partially unrolled, one end being in the ileum, the other in the rectum; a number of skeins of thread, a quantity being packed tightly in the cæcum; and finally a pair of suspenders."

Mr. Bryant speaks of a specimen in Guy's Hospital Museum; the thickened stomach of a sailor who had been in the habit of swallowing knives, and had disposed of twenty in this manner, finally the blade of one of them perforated the colon and destroyed life. Several partially eroded blades were found in the stomach.

Mr. Taylor, of Edinburg had a patient who swallowed a plate with six artificial teeth, which was passed from the anus three days afterwards.

My father, Dr. Caleb Winslow was once called to see a child who swallowed the head of a tack hammer, and in due time discharged it per anum.

Amongst other curious articles occasionally found in the stomach may be mentioned hay, straw, hair, string, feathers, earth, pieces of wood, glass, china and metal. The substances commonly found are swallowed whilst eating, or by accident at other times, such as seeds and stones of various fruits, pieces of bone, fish bones, oyster and and nut shells, cartilage and tendons, buttons, coins, pebbles, marbles, beads, bullets and shot, pins, hair pins, needles and tacks. The symptoms following the ingestion of these various articles must of necessity vary very much, according to their size, shape and weight, according to the portion of the alimentary tract in which they are lodged, and in proportion to the length of time since their introduction.

Parents are often much alarmed when their children swallow marbles, coins, buttons, &c., but if we know the the size of the article, we can generally assure them that no harm will result, for it is in the extremes of size that danger is found, unless the substance is sharp pointed, a hammer's head would cause danger by its weight, and the improbability of its passing through the bowels; a cherry stone has caused death by becoming impacted in the vermiform appendix; whilst a marble or copper cent would escape these dangers, and after a varying length of time be discharged safely. Often only a few days intervene between the swallowing and the evacuation of these smaller rounded and flat bodies, but sometimes a much longer time elapses. I once had a little patient who swallowed a cent, and did not pass it for a month.

The medium sized, rounded and flat objects generally cause no trouble whatever, beyond the fright sometimes occasioned to both patient and friends, and their presence in the alimentary tube gives rise to no appreciable symptoms. The irregular shaped and rough articles if of moderate size generally pass safely through the bowels, their irritating edges being obliterated by a coating of feces and mucus.

When a foreign body enters the cavity of the vermiform appendix it soon gives rise to symptoms indicative of typhlitis. These symptoms are localized pain and tenderness in the right iliac fossa, chilly sensations followed by fever, vomiting, &c. As the disease progresses perforation of the appendix will take place either into the peritoneal cavity causing speedy death, or by the adhesion of the inflammed peritoneal surfaces, the perforation may open into the intestines or bladder. In some cases the ulcer is situated upon the posterior aspect of the viscus, and the foreign body may be discharged into the retro-peritoneal cellular tissue, causing a tumor which can be felt more or less distinctly through the abdominal walls, eventuating in a perityphlitic abscess.

The largest articles cause trouble in proportion to their weight, often diplacing the stomach and other abdominal viscera. Pain is soon developed, and as a consequence of continued irritation, inflammatory action is excited, accompanied by vomiting, purging and inanition if life be sufficiently prolonged, or perforation may occur, and peritonitis, collapse and death be the result. As these objects are too large to pass through the intestines, they must be removed by gastrotomy, and frequent recoveries are recorded as the result of the operation. There can scarcely be any difficulty in the diagnosis of this class of foreign bodies, for besides the history of their ingestion, they can be felt through the abdominal walls and are unlike any other accumulation or growth.

Hay, straw, hair, feathers, thread, silk and string are liable to be matted together and to form tumors in the intestines, which interfere with the passage of feces, and are expelled with difficulty.

The symptoms following the ingestion of pointed substances, such as pins, tacks, needles and sharp spicules of bones are more acute from the beginning, due to laceration of the pharynx and œsophagus as they are forced towards the stomach. There is pain and difficulty in deglutition, perhaps nausea or vomiting, or a sense of suffocation from pressure upon the larynx, this last symptom however is more common when large bodies are arrested in the œsophagus. These substances may be arrested in the pharynx or œsophagus, or may descend into the stomach. After the entrance of the intruding body into the stomach, no further evidence of its presence may be manifested. I believe this to be true especially of very sharp articles as needles, and I think these are less dangerous than more bulky substances, for as we may thrust hypodermic and aspirating needles into almost any organ or part of the body with impunity, so these objects may travel safely through delicate tissues and finally be expelled or removed by surgical means. Pins would not be so likely to escape from the stomach in this way, on account of their heads and would I think be more formidable for this reason, as they might perforate the gastric or intestinal walls, but not being able to escape would be a constant source of irritation. Hair pins, knife blades, sharp spicules of bone, and pieces of glass and china, are very liable to lacerate the intestinal walls and cause death. The presence of these irritating and cutting bodies in the stomach and intestines will cause vomiting and purging in proportion to the laceration and inflammation which they excite, the ejected matters will probably contain blood, and cramps like those of cholera morbus will be excited. In fact the symptoms following the ingestion of this class of bodies are liable to be mistaken for those of cholera morbus, when the history of the case is not clear. If the patient is neither insane, drunken or hysterical, he will probably know whether he has swallowed any foreign body, but this is not always the case, as various things are swallowed of which the person has no knowledge, when he is eating hurriedly.

On January 20th, 1875, I was hastily summoned to see a man, who was suffering great pain, and said the messenger, "I am afraid he will die before you get there." The patient was a stout, apparently healthy German 50 years of age, a blacksmith by trade. I found him writhing with intense agony in the abdomen, which occurred in paroxysms, accompanied by vomiting and purging. I supposed I had to deal with a case of cholera morbus. His wife said he had a similar attack two years ago from which he recovered in two or three days, since that time he had been healthy, and pursued his trade regularly. He was somewhat addicted to drink, but rarely became intoxicated, and had taken but one dram that day. The night before he had gorged himself, and nearly strangled from something which he swallowed, but a Doctor was called and extracted it from his throat. After this he felt relieved, and the next morning went to work as usual. At 9 A. M., he was suddenly seized with intense pain, and came home and went to bed, a physician was summoned, who ordered powders containing opium. At 6 P. M., having become much worse I was called, and found him suffering intense pain. The pulse was quick and feeble, the breathing irregular, there was very great nervousness and jactitation. He had vomited and purged about a dozen times, but did neither whilst I was present. The stools were liquid and stained with blood, having little lumps like undigested flesh in them, and were very offensive to the smell, whilst I was present he eructated large quantities of badly smelling gas. I administered sufficient morphia hypodermically to relieve the pain, and he soon went to sleep. I left but returned in an hour, he was still sleeping, but occasionally woke and asked for water. In another hour I was again sent for, but did not reach him until 10 o'clock, when I saw he would live but a short time. He was almost pulseless, cold but sweating, respirations fast and shallow, contracted pupils and some abdominal pain. He was awake and conscious. Whisky, carbonate of ammonia and hot irons did not help him, and he died at 11.30 P. M. At 10 P. M., the next day I made the post-mortem examination, assisted by Dr. I. E. Atkinson and several students from the University of Maryland. The heart contained a post-mortem clot, but was healthy, the lungs were hypostatically congested, but not diseased. The parietal peritoneum was not inflamed, but the intestinal portion was of a deep red color. The stomach was not congested, except near the pylorus, but there was an emphysematous condition of its mucous membrane in some places. From the pylorus the bowel became more intensely congested, about the middle of the small intestine a stricture was found, which may have resulted from the attack which occurred two years previously, below this stricture the caliber of the intestine was diminished nearly one-half, and its mucous membrane softened. A short distance below the stricture, a triangular piece of bone, with two very sharp points was found, this piece of bone was an articular process of a sheeps or hogs vertebra. All along the intestine numerous short incisions through the mucous membrane were found, some of which almost perforated the gut, which were made by the sharp points of the bone, as it ploughed its way along. No perforation was discovered but a valvular incision through the bowel might easily have been overlooked in the badly lighted room. The intestines contained but little feculent matter, but some reddish fluid which I subsequently examined microscopically, and found to consist of starch cells, undigested food and blood. The kidneys, spleen and other abdominal viscera were healthy.

The clinical history of this case at its onset was almost exactly similar to that of cholera morbus, there was vomiting, purging, cramp of the intestines, exhaustion, small quick pulse and moist skin, but the stools of cholera morbus are rarely if ever bloody, unless some other affection is present, as internal hemorrhoids or dysentery, I do not think eructation is an usual symptom of cholera morbus, but it need not excite suspicion of graver disease. As a fatal termination of sporadic cholera is so rare, when death occurs in a case supposed to be of this character, doubt may well be excited in regard to the correctness of our diagnosis. Had the correct nature of this case been diagnosed, a surgical procedure would not have been admissible, on account of the difficulty of finding such a small body in the intestinal tract.

Sometimes foreign bodies pass safely from the mouth to the rectum, and become impacted at the internal sphincter ani. Curiously enough a carpenter living but a short distance from the man mentioned above, swallowed a piece of bone only a short time afterwards. He was not aware of having done so, and sometime later presented himself at the office of my father, Dr. C. Winslow, for relief from obstructive symptoms at the anus, and pain. Dr. C. Winslow explored his rectum and removed a piece of bone, which was impacted transversely at the internal sphincter. A year afterwards I operated upon this man for the relief of fistula in ano, due to laceration of the gut by the bone.

Near the time of the occurrence of the above cases, another came under my care. This was an old colored man, who was aware of having swallowed a piece of bone, and rightly attributed the pain and difficulty of defecation to this cause—I found a thin scale of bone, about an inch long, and half inch wide, irregularly quadrilateral in shape, with sharp, cutting angles, resting upon the internal sphincter, which I extracted with difficulty, and with some laceration of the mucous membrane, from which, however, he soon recovered.

In regard to the treatment of the various foreign bodies, which may be found in the alimentary tract, the largest must be removed by an operation as previously stated. Those that are smaller may be left to nature, until it is evident that they cannot be passed per vias naturales, when they too must be removed. Dirt, hair, string, feathers, hay, straw, &c., should be gotten rid of by purgatives, especially oleaginous preparations. The smaller rounded and flat objects may be trusted to nature and will cause no trouble unless they enter the vermiform appendix. When they are small enough to do this, I would discountenance the use of purgatives, and advise constipating the bowels, for by so doing, the dangerous body would be likely to become firmly imbeded in the feces and thus pass safely.

In regard to the most dangerous class, the sharp pointed and cutting articles, they too may be passed safely under favorable circumstances. In these cases, it is imperative to constipate the bowels, and to avoid emetics and purgatives. Much can also be done to lessen danger by feeding the patient with food which forms a thick pasty excrement, which enveloping the foreign body, protects the tisues from injury. Dr. Physic said "the only procedure necessary is to feed the person freely upon rice pudding for two or three days."

Foreign bodies are sometimes inserted into the rectum for the purpose of relieving constipation, stricture, piles or prolapse and slipping from the grasp of the manipulator are sucked into the bowel; and probably the nozzle of syringes have been detached whilst administering enemata. Pebbles, grains of corn, lead and slate pencils, sticks, &c., are likely to be inserted by children. "Sometimes foreign bodies are inserted for purposes of revenge or mischief, as in the case recorded by Marchetti, in which the butt end of a pigs tail rendered rough by cutting off its bristles was forced up the rectum of a courtesan by some mischievous students in the University of Gœttingen." (Gross' Surgery).

The case of a man who for a wager had a champagne bottle thrust into the rectum is found in Hamilton's Surgery. The bottle remained twenty-six days in the rectum, and was finally extracted by a steel hook, the patient making a quick recovery from all bad symptoms.

The removal of foreign bodies from the rectum, when of large size, or of cutting character is attended with much difficulty and no little danger. The patient should always be placed under the influence of an anesthetic to produce complete muscular relaxation, the anus must be dilated, and if necessary the sphincters may be divided. When the article is rough or sharp, it should if possible be sheathed by a speculum or other cylindrical instrument in order to protect the tissues from unnecessary injury.

CLINICAL REPORTS.

HISTORY OF A CASE OF SPAYING FOR OVARALGIA, ACCOMPANIED BY EPILEPTIFORM CONVULSIONS.

BY FRANK WEST, M. D., BALTIMORE, MD.

Mrs. G. M., a large German woman, age 29, mother of one child, living, came under my observation Oct. 19th, 1878. She must have sustained some injury at her last confinement, six years ago, as she has been bed ridden most of the time since then. From her own account the labor lasted a week, and she was at last delivered by embryotomy. From that time she ceased to menstruate, lost the use of right arm and leg, was unable to empty the bladder, without the use of the catheter; or rectum, unless by enema, and was never free from distressing pain in the pelvic region. This would commence to increase as the time for her menses drew near, and finally culminate in a series of Epileptiform convulsions, accompanied by the most intense suffering, it was ever my lot to witness. Vomiting would invariably occur at this time, and generally last a week, yielding to no treatment. She had become accustomed to the use of opium in large quantities, at these periods, and used it more or less all the time. I should also mention that asthma was a very prominent feature in the case.

Such had been her condition for five years. When I first saw her, upon examination per vaginam, I found the cervix split in three places up to the vaginal junction, uterus in proper position, measuring three and one-quarter inches by the sound, and exquisite tenderness in the ovarian region. Neither ovary could be made out.

In the urethra about an inch from the meatus, and springing from its under wall, was a growth looking like a polypus.

In May, 1879, Professor W. T. Howard, of this city, saw the case with me, and proposed an operation for the restoration of the cervix, which he did on the twelfth of that month, and also removed the polypus in the meatus. The day following she had a severe attack of convulsions and asthma, and for three days after vomiting and convulsions, I kept her as quiet as I could with chloroform and opium, to prevent the giving away of the sutures in the cervix. When they were removed, the operation was found to be a success as far as the cervix and the ability to micturate, with the use of the catheter, were concerned, and her general condition improved somewhat for several months, with a slight menstrual discharge, but no abatement of pain, convulsions or vomiting. Seeing that medicine failed to accomplish anything, and electricity also having been applied faithfully for more than a year, at her earnest request I concluded to remove the ovaries, believing it to be the only thing that offered her any chance for some years to come from a state worse than death could be to her.

The operation was accordingly done on the first day of January 1880, at St. Vincent's Hospital, in the presence of Drs. A. P. Smith, J. E. Michael, Professor Tiffany, several other medical friends and Dr. H. P. C. Wilson, who kindly assisted me throughout the operation. The patient was chlorofomed, placed in the exaggerated lithotomy position, a Sims speculum introduced, the perineum pulled down and the post cervical mucous membrane caught by a uterine tenaculum, and it and the underlying peritoneum snipped open for about an inch, as described in Dr. Goodell's pamphlet. The finger was then passed in and the ovary brought down to the opening. The left gave little trouble. It and the oviduct were of a pale pink color, and normal in size. The right Fallopian tube was more difficult to reach and much larger than the left. The ovary was also larger and had no pedicle, and much more difficult to tie. There was no bleeding of any consequence from the wound, but from an abrasion of the oviduct considerable, oozing in character. It was at last returned to the abdominal cavity and the whole cavity washed out with hot carbolized water, the patient put to bed and fully under the influence of opium. No sutures were used, but the wound left open for drainage. The peritoneal cavity was washed out twice daily for four days with warm carbolized water, by passing a soft catheter attached to the pipe of a Davidson's syringe. Through the wound gut ligatures were used on each ovary but broke in both cases. Silk ligatures were then applied and on the tenth day after the operation were discharged through the wound.

The stoppage of the opium caused a good deal of trouble and suffering to the patient, but there was no return of convulsions.

Two periods have now passed without any signs of menses or the old complaint. Therefore, there is every reason to think the operation has accomplished what was intended.

The patient is still under observation, and doing well.

* * *

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD JANUARY 20TH, 1880.

SHOULDER PRESENTATION—FAILURE OF VERSION—DECAPITATION—DELIVERY.—*Dr. Williams* reported a case of shoulder presentation, in the second stage of labor, to which he was called to assist Drs. Jos. T. Smith and Henry M. Wilson, and in which prolonged efforts at version failed, owing to the powerful contraction of the uterus, which absolutely prevented all manipulation within the organ. The child being dead, he determined to decapitate, and with the view of bringing the neck within reach, drew upon the arm, which hung down in the vagina. After much traction, in the course of which the arm was severed from the shoulder, he succeeded in getting the blunt hook over the neck and drawing it through the neck, seperating the head from the trunk. The body was then delivered, and afterwards the head was extricated by introducing the probe into the orbit. Dr. Williams stated that he had always thought version could be invariably accomplished under full doses of chloroform, but here it failed to exert the least relaxing effect upon the uterine fibres.

The *President* (*Dr. Ward*) suggested the use of sulphate of atropia hypodermically in cases of obstinate muscular rigidity both in the womb and elsewhere.

FATAL SCARLATINOUS SEQUELÆ.—*Dr. McKew* reported a case, in which twenty-three days after the beginning of a mild attack of scarlatina, without any previous exposure, a child was seized with symptoms of acute peritonitis, followed by effusion into both pleural cavities. There was no albumen in the urine. Notwithstanding the use of the hot-air bath and jaborandi, the patient died on the third day of the attack from apnœa.

SALIVATION AND VOMITING IN PREGNANCY.—*Dr. Williams* reported the case of a lady, who in four successive pregnancies has suffered from incessant and uncontrollable vomiting and salivation. The salivation was the first evidence of her pregnant condition. The secretion was incredibly profuse, and emitted a musty, disagreeable odor. Nothing seemed to exert any influence in checking the flow. Atropia had been employed, both internally and externally, and to the extent of producing intense dryness of the throat. In the third pregnancy she was relieved on the death of the fœtus, which however, she continued to carry to full term.

Dr. McKew could recall two or three cases of severe vomiting in pregnant women occurring in his experience, in which marked relief followed local treatment of an accompanying uterine lesion.

Dr. Williams had examined his patient and there was no ulceration of the os, or laceration of the cervix. She suffered from excessive acidity. Her older sister died from the exhaustion due to incessant vomiting.

The *President* referred to a case, in which the slightest attempt to examine the os by the touch excited vomiting and gagging.

Dr. Van Bibber had found devilled crabs to give more relief, in the vomiting of pregnancy than anything else, and the late Dr. Chatard also recommended them. He advises constant taking of food and whatever food is fancied.

Dr. McKew had obtained great relief in one case from the use of the liquor, which accompanies chow-chow pickles, but in subsequent pregnancies it had no effect.

Dr. McSherry had had similar experience with ingluvin.

Dr. Cordell said that the severest and most intractable case of the sort, he had ever met with occurred in a woman, who had suffered for many years from extreme procidentia. The womb projected from the vulva to a distance of five inches, and the cervix was enormously hypertrophied and covered with deep and extensive ulcers. According to the statement of the patient, the organ had not been inside the vulva for about two years. On replacing it and applying a pessary, she became enceinte, and for several weeks rejected everything taken into her stomach. She said that on two previous occasions her attending physician had found it necessary on account of her alarming condition to produce miscarriage. A host of remedies was tried, but none had any marked effect. Some evidence of improvement, however, had appeared, when the patient passed out of observation.

ANEURISM OF AORTA.—*Dr. Chew* reported the case of a patient (male), who entered the University Hospital two weeks ago, suffering from a large, pulsating tumor, situated to the right of the sternum, its centre corresponding with the situation of maximum intensity of the aortic sound. The pulsation was diffused, the wall was red and thin, and appeared on the point of bursting. The pulse at the wrists was weak, but showed no difference to the finger on the two sides (in another case Dr. Chew found the right pulse full, whilst the left was very weak). The diagnosis was aneurism of the commencement of the arch. Strict recumbency was ordered with iodide of potash, in ten grain doses thrice daily, and pressure was applied over the swelling by a gum elastic pad strapped to the chest. Under this treatment there has been most marked improvement; the redness is gone, the swelling and pulsation are very much diminished, and the indications point to coagulation within the sac.

Dr. McSherry referred to a case in which rupture took place notwithstanding the prolonged use of iodide of potash. The bodies of the vertebræ were found extensively eroded.

Dr. Christopher Johnston referred to the results achieved by Tuffnell by rest, scanty diet and isolation of the patient. At the International Medical Congress in Philadelphia in 1876, Tuffnell exhibited specimens obtained from patients thus treated, (and afterwards dying of other diseases) in which the site of the aneurism was indicated merely by a hard knot.

Dr. Chew stated that he regarded rest as more important than the potash.

Dr. Chisolm referred to a case of aneurism of the aorta at its bifurcation, which occurred in a colored man. When he taught general surgery in the Medical College at Charleston, South Carolina, he used this case in illustrating his lectures upon that subject for two winters. All the typical symptoms of aneurism were present. Some years after, he saw the man again, and found all the symptoms gone, and a solid tumor occupying the site of the previous aneurism. No rest or treatment had been employed in this case, beyond the free manipulation by the class of students. The cure was spontaneous.

Dr. Chisolm also reported a case operated upon many years since, in which there was a very large and pianful tumor located on the right thigh, just below it was supposed to be malignant and several surgeons had in consequence declined to operate. Dr. Chisolm differed from this opinion, and thinking removal was indicated, cut down upon it. It was found enveloped in a fibrous sheath, upon opening which he discovered that he had entered an aneurismal sac with excessively thickened fibrinous laminæ within. To secure safety to the patient after the discovery he ligated the iliac artery, but the patient died on the twentieth day.

MEETING HELD FEBRUARY 3RD, 1880.

OBSTINATE DYSENTERY APPARENTLY DUE TO THE PRESSURE OF AN ENLARGED WOMB ON THE RECTUM.—*Dr. McSherry* reported the case of a lady, who had suffered for six months from a severe and obstinate dysentery, which seemed to have originated in the excessive use of drastic purgatives and to be kept up by the pressure of a subinvoluted uterus. She had also much distress in micturition. Anodynes were not well borne, but astringents were used in all forms, and the uterus was supported by a flexible pessary, but all with little appreciable benefit to the dysentery. The history of the patient showed that she had been broken down by hard study before marriage, having carried off several prizes at the High School; also, that about five years ago she had a difficult instrumental labor. Lately she had taken very little nourishment, and the simplest food sufficed to bring on bloody and mucous discharges. On examination the cervix was found fissured and very much enlarged as was the entire womb, in a chronic state of subinvolution. Withal there is now a gradual amelioration of her condition.

LACERATED CERVIX.—*Dr. H. P. C. Wilson* said, that, after going through school, girls are very little fitted now for becoming wives and mothers; it is a sort of hot house prison, which leaves them but little nervous strength. He saw the case just reported, in consultation with Dr. McSherry, and believed the dysentery to be kept up by the pressure and reflex irritation arising from a subinvolution of the womb, and lacerated and everted cervix. The same pathological condition may excite remote reflex effects; for instance, he had seen cases in which patients, thus affected, had vomited after every meal for three years and longer. He related a case of procidentia in an unmarried woman, in which the cervix projected one-half to one inch from the vulva, where the patient had ten to twenty passages a day, but there was nevertheless not that emaciation present, which would certainly have existed after other forms of diarrhœa of equal severity. Many of the best physicians in the city had this woman under treatment, so that remedies were faithfully tried, but all without effect: A complete cure was effected by amputating the cervix.

Many cases that were formerly classed as hypertrophy are now known to be due to subinvolution. The reduction of a subinvoluted womb to its normal size is very difficult; one of the most efficient means of accomplishing it, which we posses is closing the lacerated cervix which is so often its accompaniment.

Dr. McKew said that a large number of the cases of lacerated cervix give no trouble whatever. He thought that the importance of the condition was much exaggerated. Emmet even attributes sterility to it.

Dr. Wilson said that in his experience, sterility had not been observed in connection with it, but he had not seen any case of lacerated cervix, which did not exhibit very many reflex troubles. In many cases these troubles had disappeared on uniting the lacerated surfaces. A lady came from the country to consult him; on examination he found her uterus enlarged and cervix lacerated bilaterly. Although there was no redness, inflammation or erosion, yet whenever there was the slightest touch with the probe at the site of the laceration, the patient almost jumped off the table. Without closure of this rent, the everted inner surface of the cervix, lying upon the floor of the perinæum bathed in leucorrhœal discharge, would certainly have become eroded. He had great confidence in Emmet's operation, *Dr. Tiffany* said that all labors were accompanied by a certain amount of laceration of the cervical tissue, as the invariably notched condition showed. He had examined many women directly after labor, and had not met one, without evidence of rupture, to a greater or less degree. If Emmet's operation were limited to cases where the laceration extended up to the vaginal junction, he thought it might prove seviceable.

Dr. Wilson replied that no gynecologist would operate upon every little rupture; in speaking of lacerated cervix, it is understood that the tear extends sufficiently to allow of version. There is no need to operate unless the cervix be both split and everted, and he had never seen a case presenting these features, which was not accompanied by a great deal of reflex trouble. He examines many women who have had children, in whom it would be impossible to know this, from any peculiarity in the condition of the os or cervix. The nitrate of silver, when used for a length of time, produces great local irritation and hyperæsthesia, in this respect differing from the other local remedies employed in the treatment of uterine diseases.

Dr. Williams thought Dr. Tiffany went too far; if laceration accompanies every labor, it would seem that there ought, certainly, always to be some evidence of it in women, who have borne many children. He thought Emmet's operation was needlessly perfomed. He was unable to see any difference. as far as pathological results were concerned, between the division resulting from the advance of the child's head from within and that caused by the surgeon's scissors from without. According to Sims, the latter operation is now rarely performed.

Dr. Uhler mentioned a case, in which a large rent in the cervix, resulting from labor, healed completely, without the use of sutures, or any other treatment.

ACCOUNT OF RECENT SMALL POX SCARE IN BALTIMORE.—*Dr. Steuart* gave the following account of the late slight outbreak of small pox in this city: On the 29th December, 1879, a man was arrested at Camden Station, B. and O. R. R, with an abundant crop of small pox vesicles showing upon his face. He stated that he came from Washington, which place he left on foot, some ten days or two weeks previously, in search of work. He came by way of the Washington Turnpike, and arrived on the second day at Ellicott City, sixteen miles from Baltimore, tarried there a day or two, and then came on to Catonsville (on the same road, six miles west of this city) where he obtained work, and secured lodgings in the village. In a few days (exact number not learned), he was taken sick, and having received a little money, started for Baltimore, with the intention of returning to his family in Washington, since he feared that he was going to be very sick, and suspected his disease to be small pox. On his way from Catonsville to Baltimore, he lodged one night in the barn of a Mr. Pilot, and supped at his table. The next day, the same probably of his arrest, he stopped to inquire the way at a small place called Hull Town, and talked about 15 minutes with a boy named Jackson. He entered the city by way of the B. and O. R. R. track and stopped at a lager beer saloon on West Pratt street (No. 512). There he remained about two hours, and was kindly treated, the poor people not dreaming what was the matter with him. He then went on, and on Howard Street, near the depot, he accosted a young man, by the name of Hill, who was attending to his duties as shipping clerk for a wholesale grocery house in front of the store. He merely inquired the way to the station, was told briefly and then forgotten.

Now for the results: No small pox had existed in any of these places for so long a time, that quite a number of both children and adults were unprotected by vaccination. Within a week after his arrival in Ellicott City, three cases of small pox developed in persons who had come in contact with him, and were not vaccinated. At Catonsville, the teacher of the public school, who had conversed with him and given him charity, was the next attacked. At Mr. Pilot's, the hired man and three of Pilot's children all took the disease, and the first has since died. The boy Jackson, at Hulltown, was the next case. At the lager beer shop on Pratt street, three cases developed within a few days, and four children in the same house, and two persons in the adjoining house have since taken the disease. One of the three first mentioned of this Pratt street lot, has since died, viz: the proprietress of the place. Lastly, the young man on Howard street, was attacked and has since died. The proofs, that the tramp was the direct cause of all this trouble, are first,—there was no case of small pox in any of these places, previous to the arrival of the tramp; second,—every one of them certainly came into more or less direct contact with him, and not one of them had been recently vaccinated, most of them not at all; notably, the young man Hill, who only answered his question on the street as any one might have done. Thus nineteen cases at least are directly traceable to one person, five deaths have resulted so far; the tramp himself has recovered. The action taken by Dr. Steuart, as health officer was as follows:

The tramp was sent within an hour to the Smallpox Hospital; as soon as the report of the Pratt street cases reached him, and he had by personal examination verified its truth, he ordered that all in the house, both sick and well, should be transported to the Marine Hospital, and there disposed of under Dr. E. Lloyd Howard's directions, according to their condition. He then published an order informing the people of Baltimore of the exact facts in the case, and warning *all* persons to be immediately vaccinated. The next day two more cases were reported, and these were likewise sent to the hospital. All the clothing, bedding, &c., were at once burned, the houses thoroughly disinfected by saturation with sulphurous acid gas, &c. The result of the warning was that within two weeks, not less than 50,000 people were vaccinated, about 5000 being primaries. This work taxed both City Vaccine Physicians and private practitioners to the utmost and demanded 20,000 quills of the State Vaccine Agent. The result was, that at the time these remarks were made, there was not a case of smallpox in the city and but little dread of it. He believed that an epidemic had been averted by the prompt action taken.

VACCINATION.—*Dr. McKew* stated, that, in not a single instance of primary vaccination in his practice, had the borine virus failed. If not successful in the first attempt, it was invariably so in the second. He had had but two cases of successful re-vaccination; many arms had become sore, but in these two alone was the genuine vesicle observed.

Dr. Steuart said, that, on the contrary, he had heard many physicians say that second and even third vaccinations had proved very generally successfully in the city. In himself, at the present time, an instace was afforded of the possibility of success in repeated vaccination, since, although the operation had been done twenty times in the past thirty years, he had now a typical vesicle on his arm.

Dr, Williams regarded it as criminal neglect in a physician, not to revisit a patient, who has been vacinated, in order to see that the vaccination has taken, and the patient is fully protected. Many physicians trust entirely to the statement of the mother; hence the reported success of secondary vaccinations. In 1862 he vaccinated nearly all those whom he attended; of the 300 or 400 revaccinations then tried, very few succeeded, and such was the experience of 1871 and of the present year. A well-defined vaccinia protects the individual as effectually as an attack of smallpox or varioloid. A second genuine vaccinia is as rare as a second attack of smallpox. If vaccinia be taken in infancy, it never will be again, and reported secondary cases are spurious and simply due to the irritation produced by the matter inserted. Also, if the effect begins on the second or third day, it is spurious.

Dr. Williams succeeds in communicating voccinia to many children, in whom the first attempt fails, by repeating the attempt until it succeeds; it is sometimes necessary to do this several times. In one case, the daughter of a physician of this city was vaccinated eighteen times, without effect, but on the nineteenth attempt it was successful.

In an instance, which occurred in 1863, he vaccinated eight persons in one household; all did well except the housekeeper, who had erysipelas of the arm. This effect was evidently due to the condition of the patient's system, and not to anything wrong about the virus.

EUGENE F. CORDELL,
Reporting Secretary.

BALTIMORE CLINICAL SOCIETY.

MEETING HELD FEBRUARY 6th, 1880.

BORACIC ACID IN OPHTHALMIC PRACTICE.—*Dr. Theobald* reported having obtained remarkable results from the use of this agent in inflammations of the external parts of the eye. It was recommended some months ago by Bezold, in Germany, for otorrhœa, the method of use being insufflation of the powder into the external meatus. Dr. Theobald had employed it and obtained marvellous effects from it in this affection. This suggested its probable utility in affections of the eye characterized by a purulent discharge. Accordingly it was tried in an infant, suffering with a purulent conjunctivitis of six weeks standing, which had been under treatment for three weeks, but had improved but slowly, as it had been necessary to use astringents with great caution, owing to the presence of threatening corneal ulcers. A solution containing four grains of the acid and one of atropia to an ounce, was applied to one eye, three times a day, whilst atropia and nitrate of silver, which had been previously employed, were continued as before in the other.

In two days the eye treated by the acid (which had caused not the slightest irritation) was clear and free from discharge, whilst the one treated by the other agents was in the same condition as before. The other eye was then treated by the boracic acid solution with similar results. In the next case, in which it was used, the purulent inflammation was converted in forty-eight hours into a mild blenorrhœa.

He next tried it in a very obstinate catarrhal conjunctivitis, associated with sclero-keratitis of specific character, which had resisted the use of zinc, alum and lunar caustic, and in forty-eight hours, with a two-grain solution, the conjunctivitis was cured. In several other cases of the same affection, like results were obtained.

A case of recurrent scrofulous keratitis with old corneal opacities was relieved in two days. Another case of keratitis, improving but slowly under atropia and iodoform, exhibited at once a decided change for the better, on substituting the boracic acid.

It seems best adapted for acute cases, as its prolonged use gives rise to some irritation of the conjunctiva.

Dr. Theobald had used it with benefit in several cases of phlyctenular ophthalmia, and believed it would be of great service in ulcers and abscess of the cornea. It had not seemed necessary to exceed four grains to the ounce (used three or four times a day), even in purulent conjunctivitis. He recommended the boracic acid made by Rosengarten & Sons, of Philadelphia, as he had obtained better results from it than from some others which he had tried.

ENLARGED LIVER.—*Dr. Teackle* exhibited a liver weighing nine pounds, obtained in the autopsy of a colored woman, who had been an inmate of the Almshouse. The surface of the organ was smooth; its interior contained several cheesy looking masses. The kidneys were enlarged and the lungs contained tubercular deposits. The history showed that the patient's habits were intemperate, and that she had had syphilis. The most conspicuous symptoms were vomiting, diarrhœa, albuminuria, diminished excretion of urine, genaral dropsy, lancinating pains and tenderness over the liver, the swelling due to the hepatic enlargement, and extreme emaciation.

DYSMENORRHŒAL MEMBRANE.—*Dr. Teackle* also exhibited a specimen of membrane. which was stated to be an almost complete cast of the interior of the uterus. It was passed by a multipara, who had missed her courses once, and had symptoms resembling those of miscarriage.

ADENOMA OF LACHRYMAL GLAND.—*Dr. Tiffany* exhibited a tumor removed from the orbit of a negro man, aged 25, whose history was as follows:

Seven years ago trouble began in his eye, and gradually the ball began to protrude so that the lids failed to close over it. The swelling commenced at the upper and outer side of the orbit, pushing the eyeball downwards and inwards. Two attempts at operatian had been made, in consequence of which the upper lid was adherent to the tumor by a broad cicatrix. The following was the condition observed, when the patient presented himself for Dr. Tiffany's treatment:

A large tumor filled the orbit, projecting forward, and pushing the eye-ball downwards and inwards towards the nose. The ball had not been completely covered by the lids, according to the patient's statement, for two years. The cornea looked like ground glass. The eyeball followed the movements of the unaffected one. The diagnosis made was Adenoma of the lachrymal gland. Removal being determined on, the upper lid was bisected and the tumor dissected out. The sphenoidal fissure was found dilated, and the finger could be passed back through it into the interior of the skull, where the pulsations of the brain were plainly felt. The eye-ball was left in tact, and by the next day had gained considerably in the power of movement. The specimen had been kept in Wickersheimer's Fluid for six days, and though somewhat softened, preserved its natural appearance. The upper part grated under the knife, probably from the presence there of tear stones. No microscopic examination had yet been made, but it evidently consisted of a stroma with interspaces filled with gelatinous matter.

OSTEOSARCOMA OF UPPER JAW.—*Dr. Tiffany* also exhibited a superior maxilla removed from a girl aged 16, for a rapidly growing tumor of three months standing. The first sign of trouble, observed by the patient, was a swelling of the left side of the upper jaw, which was supposed to be due to a decayed tooth, and consequently the tooth was extracted.

When the patient came under Dr. Tiffany care, she presented a florid complexion, there was a marked swelling in the left side of the face, evidently due to a tumor of the maxillary bone. There was no displacement of the eye-ball, nor encroachment on the orbit or nasal cavities. The diagnosis was rapidly-growing osteosarcoma, and immediate excision being determined on, the bone was exposed by an incision commencing at a point one-eighth inch outside the lachrymal puncta, and carried through the lower lid, thence around the nose and terminating in the middle line of the lip. The maxilla was then separated from its fellow in the median line by saw and pliers. The division was effected in like manner from the orbit into the nasal fossa, and through the junction of the malar and maxillary bones, after which the entire bone was forcibly wrenched from its remaining attachments.

Paquelin's thermo-cautery was employed to a slight extent, especially in separating the soft from the hard palate; after the separation the former preserved nearly its normal position. The employment of the cautery necessitated the use of chloroform as the anæsthetic. On the completion of the operation, the patient suddenly collapsed. and required the energetic use of the battery, hypodermic injections of whisky, &c., for her resuscitation. On the fourth day erysipelas appeared at the inner angle of the orbit and at the site of the hypodermic punctures, where there was some sloughing. Two weeks after the operation, the patient left the hospital, with wound nearly healed. In this case tracheotomy was performed as a preliminary step, and the pharynx plugged with sponge, both to allow greater freedom to the operator, and to avoid any risk of suffocation from hemorrhage.

Dr. Michael objected to the tracheotomy as being unnecessary, and not altogether devoid of danger. He had seen Bilroth, Linhardt, and Johnston operate without resorting to it.

Dr. Tiffany replied that tracheotomy was a simple operation in the adult, and in the present instance, it not only conferred entire immunity from the chief danger incident to hemorrhage, but gave the operator entire control over the mouth in which his principal manipulations must take place, and rendered unnecessary the frequent turning of the patient on the side to clear the mouth. In regard to the pastoral method of operating, suggested by Dr. Uhler, Dr. Theobald said that it was known and practised; he had himself twice removed small cancers of the alveolar process of the upper jaw by this method.

CANCER OF CÆCUM.—*Dr. Coskesy* exhibited a specimen taken from the body of a man, who twelve months before commenced to suffer from constipation, and colicky pains, with great borboryzmi. The patient was a drinking man, and these symptoms occurred principally on Saturday nights, the times of his greatest excesses. The symptoms increased, vomiting came on with emaciation, and the patient died. The diagnosis was made six months before death and was based chiefly upon the fact that the rolling over of the greatly distended intestine always stopped at a point corresponding to the cæcum, and on the slow progress of the case.

FRACTURE OF ANATOMICAL NECK OF HUMERUS.—*Dr. Coskery* also showed a specimen of this lesion, with comminuted fracture of the scapula of the same side, resulting from a blow on the back of the left shoulder from a locomotive. Only a slight abrasion of the skin was visible. The patient died five hours after the receipt of the injury of shock. The head of the humerus was found nearly out of its capsule, and dislocated backwards. "The case illustrated the principle that this form of fracture of the humerus can only occur from direct violence."

PART OF INTERIOR MAXILLA REMOVED FOR EPULIS.—*Dr. Michael* exhibited the specimen, and gave the following history of the case:

The patient was a woman, who came under Dr. Michael's care last September, with a tumor of the mouth of five years standing, which she attributed to a blow received on the lower jaw. At that time she could keep it in her mouth tolerably well. She stated that Dr. Johnston had advised an operation three years ago, and six months later, Dr. T. R. Brown began, but was deterred from completing it by the profuse hemorrhage. Dr. Michael advised an operation, which was declined. He next saw her in December, when she was still able to close her mouth over the tumor, but could not keep it thus closed. Dr. Michael operated January 18th, by making an incision through the median line of the lower lip and chin, thence along the margin of the jaw. The flaps thus formed were drawn apart and the bone divided in the median line in front, and just in front of the ramus behind. A portion of the lower lip was involved in the growth, and had to be removed. The gap was filled by drawing the posterior edge forward and tacking it to the anterior. The patient recovered with but little deformity.

ADENOMA OF LACHRYMAL GLAND.—The President (*Dr. C. Johnston*) related a case, in which a woman had a tumor of the right eye, due to enlargement of the lachrymal gland. The ball was thrust downwards and upwards, so that the pupil corresponded with the ala of the nose. The growth was so hard as to suggest the idea of an enchondroma. The muscular apparatus of the eye still retained its functions and vision was pretty good, The tumor was removed by an incision made parallel with the margin of the orbit and enucleation of the mass. The gland, when removed was about the size of an egg, and its canals were occupied by tear stones. Upon microscopic examination these stones were found to exhibit concentric layers of carbonate of lime, and the peculiar black cross as seen in polarized light, was exhibited by the speaker in diagnosis on the board. Some months after the operation. the eye-ball had nearly regained its normal position, but never became consensual with the other.

ADHERENT PLACENTA AFTER MISCARRIAGE.—The regular paper of the evening on this subject, was then read by *Dr. B. Bernard Brown*, and will appear in full in the next issue of the MARYLAND MEDICAL JOURNAL.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

BOOKS AND PAMPHLETS,

A Manual of Pathological Histology.—By V. CORNIL, Assistant Professor in the Faculty of Medicine Paris, and L. RANVIER, Professor in the College of France, Translated, With Notes and Additions by E. O. Shakespeare, A. M., M. D., Philadelphia, and J. Henry C. Simes, M. D., Philadelphia. Henry C. Lea, Philadelphia, 1880. For Sale by Cushing & Bailey, Baltimore.

We are told by the Translators that the very high reputation acquired throughout Europe by this Pathological Histology is a sufficient justification of the present effort to make it accessible to the American student. We quite agree in this opinion. This volume is one which will commend itself to every student of histology as a clear and concise treatise of morbid products as seen under the microscope. The title of the volume is expressive of its character. It is not a book on *Pathological* Anatomy, but from beginning to end treats entirely of histology, beginning first with a study of the cell theory and structure of cells, and normal tissues, or normal histology, and afterwards presenting the pathological histology.

The volume having been written for beginners, its teachings are presented in an elementary style, hence it is free from discussions of theories and doctrines, and dealing rather with facts and interpretations believed to be true. Though elementary in the above sense, the book discusses fully the subjects presented in its contents. The volume numbers 748 printed pages with an appendix of 14 pages on the Preservation and Hardening of Tissues. It is handsomely illustrated with 360 wood cuts.

We can conscientiously recommend this volume to the profession.

Transactions of the Mississippi State Medical Association.—Twelfth Annual Session, Held at Aberdeen, Mississippi, April 1st, 2nd and 3rd, 1879. Published by the Association. Clarion Steam Printing Establishment, Jackson, Mississippi, 1879.

This volume of Transactions will be read with much interest by all persons interested in the epidemic of 1878.

The first 70 pages are devoted to memorial exercises in commemoration of those members of the profession, practicing in the state of Mississippi, who perished in the late epidemic. The memorial Discourse was delivered by Rev. B. M. Palmer, D. D., of New Orleans, the gifted orator of the South. The memorial oration was delivered by Dr. John Brownrigg. In this oration, Dr. Brownrigg says, "It is estimated that one hundred and fifty physicians died of yellow fever in the Mississippi Valley in 1878, fifty-one in Mississippi." "There were about twenty thousand cases of yellow fever in this state, and about four thousand died, involving an actual loss to the state of nine hundred and twenty-six thousand dollars from nursing, loss of time, medical attendance, burial, etc. But from the loss of four thousand victims, loss of time and expenditures of refugees, loss of interest on capital and rents, commercial losses from interruption of trade and depreciation of property, the amount lost was five million, one hundred and ten thousand dollars. Of this about four hundred thousand was contributed from charitable donations at home and abroad."

Considerable space is taken up in memorial addresses delivered by different members of the association in commemoration of different physicians who died during the epidemic. These memorial services occupy the first day of the session, and are of an impressive and interesting character. The second and third days are devoted to the business of the association and reading of papers, reports of cases, etc.

The volume contains 209 pages. It is a neat and well arranged volume, creditable to the profession in Mississippi.

A Treatise on the Theory and Practice of Medicine.—By JOHN SYER BRISTOWE, M. D., London, Fellow and Former Censor of the Royal College of Physicians, etc., etc. Second American Edition, Revised by the Author, With Notes and Additions by Jas. H. Hutchinson, M. D., Philadelphia. Henry C. Lea, Publisher, 1879.

The first edition of this work is familiar to the majority of the profession. It was published in 1876, and became at once a leading text book in many of the medical schools in this country. It is safe to say few English works have received more hearty approval or have taken a higher position this side of the Atlantic than this volume now before us, in a second edition, enlarged and revised by its author. The author, a practitioner of large experience, has enjoyed for over half a century a position as a teacher of medicine and during the whole of his professional life has been connected with St. Thomas's Hospital. Perhaps no one is better qualified for the work of a book-maker. Few writers have given to science a more carefully prepared treatise upon any subject than the author of this Treatise on the Theory and Practice of Medicine.

The fact that Dr. Hutchinson, of Philadelphia, has prepared the notes and additions for the American edition, lends additional interest to the volume. This work contains 1041 closely printed pages. It is arranged into 8 chapters, which for the most is an artificial classification, but well adapted for convenience in study.

The revised edition presents the latest views of practice. Prominence is given to the study of results rather than to statements founded upon theoretical deductions.

Walsh's Physician's Handy Ledger and Call-Book.—Published by RALPH WALSH, M, D., Washington, D. C., 1879. Price $3.00.

These two books are admirably adapted to the wants of the medical practitioner. They are so arranged that full accounts of a physician's daily work can be kept with ease, and without mistakes. The call-book can be carried in a coat pocket, and is designed as a general memoranda of the week's work. The charges entered upon the call-book can be transferred to the ledger at the end of each day or week, and when properly entered an account with each patient can be examined within a moment's time. These books are large enough to answer the purposes of the busiest practitioner for one year. Every physician engaged in practice should have such works.

The Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M. D., B. Sc., F. R. C. P., Professor of Materia Medica and Therapeutics, at University College, etc., etc. Third American, From the Fourth London Edition, with Illustrations, pp. 516. Lindsay & Blakiston, 1880.

This work is quite familiar to the profession this side of the Atlantic. Abroad it is much better known. It seems unnecessary to notice in detail its many striking points of excellence. It is safe to say that when a volume has gone through three editions, it has passed beyond the reach of criticism, and its peculiar teachings have become recognized as authoritative. With the revisions which new editions call for, errors in doctrine or practice are greatly diminished. The author is supposed to have become trained in the art which he plies, and few are disposed to question his statements. Not so with the first edition presenting itself for popular favors. It comes to us for the most part from inexperienced hands. It may be pernicious both in theory and practice, may present views which demand recantation or remoulding, and hence should not escape close examination and just criticism.

The volume before us comes weighted with the authority of matured years. It is not a fresh offering, but an old and trusted friend, fresh from its authors hands, revised and laden with information freshly garnered from clinical research. Its statements can be accepted, and its teachings adopted as the highest evidence attainable in the line of study presented in its pages.

Clinical Lectures on the Diseases of Women, Delivered in Saint Bartholomew's Hospital. By J. MATTHEWS DUNCAN, M. D., LL. D., F. R. S. E., etc. H. C. Lea, Philadelphia, 1880.

These Lectures are not altogether new to some members of the profession. They were published in the *Medcal Times and Gazette* and in the *Medical Examiner*. However they have not gained an extensive circulation in this Country.

The author is well known in this country through his contributions to foreign Journals. These Clinical Lectures were delivered to students, and their usefulnes will be found in the fact that they are the clear and thoughtful utterances of an able and zealous teacher whose object has been to present facts drawn from a large experience and study of disease.

The volume consists of nineteen lectures upon various diseases of women. No system has been observed in selecting the subjects for the chapters. Each lecture stands alone and bears no direct relation to its neighbor. The subjects selected are such as will interest the student of gynecology. Lecture I, On Missed Abortion begins the volume, Lecture XIX, On Procidentia Uteri closes it.

Transactions of the Tenth Annual Session, Medical Society of Virginia, 1879. Reprint from January (1880), Number of the Virginia Medical Monthly.

The Tenth Annual Session of the Medical Society of Virginia, was held in Alexandria, Virginia, October 21st, 22nd and 23rd, 1879. The occasion was one of interest to the profession in Virginia, and was equally enjoyed by members of the profession from other states who were present as delegates and visitors. This meeting gave birth to the volume of Transactions now before us, a volume which fully comes up to the standard of its predecessors, and in some respects is superior to any we have yet seen. Upon the whole it contains a variety and quality of reading matter seldom found in a single volume of Transactions. The contributions indicate a degree of interest in the State Society creditable alike to the individual member and to the entire body composing the membership of the society.

The volume begins with the address of the President, Prof. L. S. Joynes, A. M., M. D., LL. D., of Richmond. This address is pregnant with sound ideas and useful suggestions, and worthy of the source from which it emanated. Prof. Joynes is regarded as one of the leaders of his profession in his state, and his suggestion always carry weight with them.

The next address is to the public and profession by Dr. Oscar Wiley, of Salem, Roanoke County, Virginia. Dr. Wiley's remarks are made with reference to the " Reflex Influence on the Physician of the Work of Healing—of the Work upon the Workman." This address is a review of the physician's life, and of the influence of professional labors and services upon the character of those who practice medicine. It contains a few remarks which will be read with interest by some who love to recount their toils and struggles, and who glory in personal sacrifices.

The " Report on Advances in Chemistry, Pharmacy, Materia Medica and Therapeutics " is prepared by Dr. E. T. Robinson, of Richmond. This report is quite brief, and by no means covers the ground represented by the recent advances in these departments of science. The Doctor calls attention to but few of the recent additions to Chemistry, Pharmacy or Meteria Medica. This report could have been enhanced in value, in our opinion, by a fuller exposition of the subject.

The " Report on Advances in Obstetrics and Diseases of Women and Children," by Dr. Geo. B. Jennings, of Ruckersville, Virginia, is beautifully short and sweet. Only three pages are devoted to this subject.

The " Report on Advances in Practice of Medicine," by Dr. W. H· Bramlett, of Newbern, Virginia, is much fuller than either of the reports mentioned.

The " Report on Advances in Hygiene and Public Health," by Dr. S. K. Jackson, of Norfolk, is a very carefully prepared paper, and treats of this question from a practical standpoint.

Next follow three invited papers, read before the Society by gentlemen from other states. Dr. H. P. C. Wilson, of this city, contributes a paper on Paquelin's Thermo-Cautery with Wilson's Antithermic Shield in Epithelioma of the Cervix Uteri. This paper was published at length in the November number of the MARYLAND MEDICAL JOURNAL, under the heading of a report of the Virginia State Medical Society.

Dr. J. M. Toner, of Washington, contributes a sketch of the Life and Character of Dr. James Craik, of Alexandria, Virginia, friend and physician of Gen. George Washington, and Surgeon General of the Continental Army in the Revolution.

Dr. J. Marion Sims, of New York, contributes a paper on the "Diagnosis of Abscess of the Liver by Symptoms of Cerebral Hyperæmia; with some remarks on Treatment of Hepatic Abscess by Aspiration.

Next follow several volunteer papers from members of the Society.

Upon the whole the volume is a most excellent one, and its contents will be read with much interest and profit.

A Biographical Dictionaay of Contemporary American Physicians and Surgeons.—Edited by Wm. B. Attkinson, M. D., of Philadelphia, Senond Edition, Enlarged and Revised. D. G. Brinton, Publisher, Philadelphia, 1880.

The first edition of this work was issued over one year ago. Its appearance was heralded by a tirade of criticism and abuse seldom bestowed upon a publication. From the almost universal discredit heaped upon the book, we supposed it would not outlive the first edition. After an interval of scarcely one year, it again puts in an appearance in a second edition, revised and enlarged, and we are glad to see in many respects improved. To many the volume presented some decidedly objectionable features, and was regarded as an attempt to cater to a thirst for notoriety and professional preferment, as a medium through which to parade the vanities and weaknesses of men. That the volume is open to many of the objections urged against it, few will deny. Necessarily it contains much objectionable matter, and not a few statements which, if thoroughly ventilated, would in our opinion scarcely come up to the highest standard of truth. For this we are not disposed to find fault with the editor. He has only published statements furnished him by those who have written their own biographies. It is with the biographer we have to wage a warfare of criticism. We find in some of these biographical sketches the most striking illustrations of what men often think of themselves, their estimate of their own greatness and valuable services to mankind, a constant disposition to praise self and arouse the admiration and esteem of others, by recording their labors for the advancement of science, their heroic devotion to professional work, their wonderful skill in performing operations and the miraculous cures wrought by their hands.

On one page we are told that Dr. A. is a lineal descendant of the progenitor of all of his name in this country, his family having been prominent for more than two hundred years before coming to this country, in the 17th century.

On the next page Dr. B. tells us that among the incidents of note in his career was the case of a man who completely severed the larynx and the anterior portion of the œsophagus near the pomum Adami. The patient was fed through the wound for twenty days until completely healed. Another operation was the amputation of the foot through the shaft of the metatarsus.

On the next page Dr. C. relates his experience and says, "although a non-combatant, the part that he played in the turning battle of the war was of exceptional importance." Here follows a lenthy account of the important service rendered, and how Gen. H. failed to mention these facts in his recently published history of the battle of Gettysburg.

Dr. D. says, he is the author of a number of articles on medical subjects. He was presidential elector in 1860, and voted for Mr. Lincoln. And so on through this volume are to be found all kinds of startling statements totally unworthy of a place in its pages.

We doubt not that a work of this character has its uses, and are not prepared to say that there are not some good features in the book, but as work of merit we deem it sadly deficient in many respects. A few of these biographical sketches will be read with interest and profit, but the vast majority are unworthy of a place in the book. To those who are interested in contemporary biographical history the work will present much that is curious and interesting, some little that is instructive and profitable.

The publisher announces in the preface the provision for remedying the incompleteness of the volume. The price of the book is $5.00 cloth, and $6.00 leather.

The Popular Science Monthly for March. Published By D. Appleton & Co., New York, and for Sale by all News Agents.

This Journal comes to us laden with a variety of choice original and selected matter. The contributions are upon the whole highly instructive and entertaining. The Journal opens with an article upon "The Association of Ideas," by William James, M. D., which discusses a mental problem from a physological standpoint. "Dolmens in Japan," by Professor Morse, is an entertaining study in archæology. The Study of Political Economy, by Henry George, is the title of a paper which will be read with interest by every one. It contains much fresh matter presented in a very agreeable form. "The Force Behind Nature," by W. B. Carpenter, F. R. S., is an able assault against materialism.

"Wards Natural Science Establishment," "New Views of Animal Transformations," "New Ethics," "Water as Fuel," "The Early Free Schools of America" and Prehistoric Ruins in Southern Colorado, are titles of papers which help to fill the list of this admirable number of "The Popular Science Monthly."

Diseases of Women. By Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for diseases of women) to the West Bromwich Hospital; Fellow of the Obsetrical Societies of London, Dublin and Edinburgh, &c., &c. Second Edition, Thoroughly Revised and Enlarged, Specially Prepared for "Wood Library."

Infant Feeding and Its Influence on Life, or the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M. D., M. R. C. P. L., Fellow of University College, London, of the Medical, Medico-Chi-Surgical and Obstetrical Societies. Third Edition. New York, William Wood & Co., 27 Great Jones street.

These two volumes belong to the series of the well known "Library of Standard Medical Authors," published by Wm. Wood & Co., of New York. They are fully up to the standard of the preceding volumes which have been noticed from time to time in this JOURNAL. Considering the very low price of these books we know of no medical literature at the same time so handy and so useful as that offered by this enterprising publishing house. The series will be issued during the coming year, and the two first volumes are out. Every physician in search of good medical literature should subscribe to the series for the year at the very low cost of $12. for the twelve volumes to be issued monthly.

In our next we will notice several volumes belonging to the series for 1880, viz; Clarke's Surgery and Keyes on Venereal Diseases.

Transactions Illinois State Medical Society—Twenty-Ninth Anniversary Meeting—Held at Lincoln, May 20th and 21st, 1879, Chicago. C. H. Blakely & Co., Printers, 88 Dearborn Street.

The subject matter of this handsome volume, as well as its mechanical execution, are, alike, creditable to the society and to the printers.

The meeting was an unusually successful one in point of number in attendance and the interest manifested. The papers and reports are all instructive and useful.—The *Annual Address*, by Dr. E. P. Cook, President, and the *Sanitation of Small Cities*, by Dr. David Prince, being specially interesting.

Particular attention was given to the subjects of The Pay of Medical Witnesses in Courts of Justice and a Higher Standard of Medical Education, reports being made on both.

The Physicians Visiting List for 1880.—Twenty-Ninth Year of its Publication, Philadelphia; Lindsay & Blakiston.

The profession has been so long familiar with this book that we need do nothing more than call attention to the fact that the "List" for 1880 is ready for delivery, and that it contains Almanac, Table of Signs, Marshall Hall's Ready Method in Asphyxia, Poisons and Antidotes, Memoranda &c., all useful and necessary to the physician.

* * *

EDITORIAL NOTES.

In the February number of the Journal, attention was called to "The necessity of a building in Baltimore for the exclusive use of the medical profession." In connection with this question, which we are glad to see has aroused considerable interest in professional circles, and is being discussed in a business-like manner, the following particulars seem *apropos* and may prove of interest to many of the Journal readers.

The Medical and Chirurgical Faculty of the State of Maryland was incorporated in 1799.—It corresponds with the state medical associations elsewhere. Its meetings are held usually once a year in some one of the larger towns of the state, and special meetings are held as circumstances require. It owns a house in this city, which, however, owing to inconvenience of situation and ill-adaptedness otherwise, has proven unsuitable for its uses.

It would be interesting to know all the many changes in its place of meeting, that have been made since its organization; the records on this point are probably incomplete and no one now living can recall the beginning of a period so remote. At present, it occupies a second story hall, about forty or fifty feet square, in the central part of the city (122 West Fayette street), which contains the library, and serves as a reading and committee room, and also for the meetings of the faculty, three of the local societies, and *Poor Association.* Under this hall is a tailor's shop,—who also sells a quack medicine, as the common doorway testifies,—and a teacher of music occupies an adjoining room in the building, both of which are objectionable features.

The library contains about 2200 volumes, many scarce and valuable. It is, however, rarely consulted, since the books are almost all old. It is a good nucleus for a medical library. Thirty or forty domestic and foreign journals are kept on file and are highly appreciated, attracting an increasing number of readers. The hall is open all day, but the condition of the treasury is such, that the services of a librarian can only be afforded from 12 to 2 o'clock; hence there is no security for the books and journals. The rules, it is true, forbid that these shall be taken out except during the attendance of the librarian, but how can such rules be enforced when the hall is open at all hours? The librarian informs us that books and journals are often taken away during his absence and that the missing numbers replaced, *if at all,* only with difficulty and expense. Owing to the insufficient capacity of the hall, the annual meetings have been held of late years usually in the Concert Hall of the Academy of Music,—at an additional expense, of course.

Having no place for their exhibition, the pathological specimens, which have been presented to the faculty are, at present, useless for examination and study. As the supply generally corresponds with the demand, it is not likely that this beginning of a *museum* will make much progress under the present arrangement, although abundant material could be obtained for the asking. According to the last Directory, there are about 600 regular physicians in Baltimore.

A COPARTNERSHIP CHANGE.—After the present number of this JOURNAL has been issued the Copartnership of Drs. Manning and Ashby in the editorial and business management of the MARYLAND MEDICAL JOURNAL will be dissolved by mutual consent.

Dr. Manning will sever his connection with the JOURNAL by reason of a change of residence to another state.

Dr. Ashby will have exclusive management of the editorial department. The JOURNAL will be owned and published by the publishing house of J. W. Borst & Co., of this city.

The editors of the JOURNAL request that all subscribers in arrears to the JOURNAL will remit the amounts due at once, as it is desirable to close up the business of the old firm at an early day. Bills will be mailed to all who are due on subscription or otherwise.

The editors take this occasion to return to their many friends in the profession, now scattered over many states, their acknowledgement of the uniform kindness and encouragement extended to the JOURNAL, and to commend its new management to their further consideration and aid.

DR. FRANK WEST, of this city, a graduate of the University of Maryland, class 1879, has been elected Resident Physician to the Maryland University Hospital, for the year beginning March 1st, 1880. Dr. West is a gentleman of energy and stirling worth. His selection to this position of honor and trust is a most excellent one.

The present number of this JOURNAL contains a report of a case of normal ovariotomy in which both ovaries were successfully removed by Dr. West.

This is the first time this operation has been successfully performed in this city, of which we have any authentic record.

THE BROMIDE OF ETHYL, OR HYDROBROMIC ETHER, was introduced into practice by Dr. Turnbull, of Philadelphia, and has been extensively used both by him and by Dr. Levis, as an anæsthetic. These observers say that it is perfectly safe, that it is rapid in its effects, produces less gastric disturbance than either ether or chloroform, and is cheap.

We had the pleasure of witnessing its administration at the clinic of Professor C. Johnston, February 7th, and the following is the record:

Time required to produce anæsthesia,	1 minute, 42 second.
Duration of anæsthesia,	3 " 45 "
Amount used	ʒj.
Respiration	40.
Pulse	88.

Both remained unchanged. The patient—a colored man—had symtoms of cystitis, and the operation was the simple introduction of a sound into the bladder. There was a momentary struggle and attempt to thrust the inhaler away, at first. Recovery of consciousness seemed to be instantaneous, and the patient got up at once, but felt a little giddy, and was made to lie down again for a few moments, when he got up and "felt all right" He said that he had no pain, nor any other sense of consciousness.

This is the first instance, so far as we know, of the use of the agent in this city. The impression produced was a most favorable one, and should it continue to produce such satisfactory effects, it cannot fail to supplant in a very short time both ether and chloroform.

PRIZE ESSAY.—The prize of $100 offered by the Academy of Medicine of this city, for the best essay on a medical subject to be written by a physician residing in the state of Maryland, has been awarded to Dr. W. T. Councilman, of Baltimore, for an essay entitled, "A Contribution to the Study of Inflammation as Illustrated by Induced Keratitis."

By a resolution of the Academy, at its last meeting, Dr. Councilman has been invited to read this essay before the Academy on Tuesday, March 2nd, at 8 o'clock, P. M. The profession at large are invited to attend.

We Learn that at a Recent Meeting of the Faculty of the University of Maryland, School of Medicine, a series of resolutions were adopted looking to the elevation of the standard of instruction and requirements for graduation in that school.

It is proposed to modify, and in great part abolish, the beneficiary system, now in practice, so as to reduce the number of beneficiary students, and to confer beneficiary scholarships upon such young men as have distinguished themselves in study, or laboratory work.

Chemical and Biological laboratories will be founded and placed under the management of competent instructors. Students will have the opportunity of pursuing special studies during the Spring and Summer months.

Special courses will be given in Gynecology, Obstetrics, Minor Surgery and Bandaging, Dermatology, Laryngology, Ophthalmology, Microscopy, etc., etc.

A number of competent medical men will be chosen by the faculty to give private instruction to students in the different branches taught in the University. This course of instruction will continue through the entire year, strong inducements being offered to students to spend the interval between the lectures in the city and thus engage in special study.

This course proposed by the faculty will add materially to the usefulness of the school. For a session or two the number of students may be diminished, but this will not, in our opinion, work to the disadvantage of the University. The reaction, which will, in due time, follow the elevation of the standard of education, will counteract any temporary loss of numbers by making up in quality what is lost in quantity. The friends of the old University, which on the sixth day of the present month celebrates its Seventy Third Annual Commencement, will regard this movement with feelings of sincere pleasure. The feeling is abroad in professional circles that there is a strong necessity for a reform in medical teaching, and a demand for a higher standard of graduation. The third term course, within the past two years, adopted by many of the medical schools in this country, has become very popular. One by one other medical schools are falling into line and are requiring a third term course of lectures, and a higher standard of examination. Within the past year eight or ten medical schools have adopted the Third Term Course.

It is eminently proper that the University of Maryland, one among the oldest medical schools in America, should elevate its standard of instruction by offering additional facilities for the prosecution of special study during the interval between its courses of lectures.

The course mapped out by the faculty will commend itself as judicious and as meeting the requirements of the day. We congratulate the faculty upon this action, and sincerely trust a similar policy will be adopted by all of the medical schools in this country.

THE SEVENTY THIRD ANNUAL COMMENCEMENT of the University of Maryland, School of Medicine, will be held at the Academy of Music in this city on March 6th, at 8 o'clock P. M. Rev. A. M. Randolph, D. D., of Baltimore, will deliver the address to the Graduating Class.

The Alumni Supper will be given at Rennert's Hotel, on Friday night March 5th. The Alumni of the University are invited to be present· An oration will be delivered by an alumnus of the school but we are unable at time of going to press to announce the orator's name.

DR. T. G. THOMAS, of New York, recently performed the operation of ovariotomy at the Woman's Hospital. The tumor was a cystic one, weighing about forty pounds. It was firmly imbedded in the uterus, and the entire organ was removed.

According to the *Medical Record* this is the first successful case of removal of the whole uterus that has occurred in New York.

THE COMMENCEMENT EXERCISES of the College of Physicians and Surgeons of Baltimore, will be held in the Academy of Medicine, on Wednesday, March 3rd, at 7.30, P. M. Archbishop Gibbons will deliver the oration to the Graduating Class.

SELECTIONS.

ILLUSTRATIONS OF ANTISEPTIC SURGERY.

BY JOSEPH LISTER, F. R. S., PROFESSOR OF CLINICAL SURGERY IN KING'S COLLEGE, LONDON.

A Clinical Lecture delivered at King's College Hospital.

Gentlemen: We have here the little boy on whom, at a former lecture, rather more than three weeks ago, you saw me operate for empyema, letting out a large quantity of thick yellow pus from the left pleural cavity by free incision in the infra-axillary region. You have seen him, several of you, from time to time in the ward; but I am anxious that you should have the better opportunity which is afforded by the theatre of seeing the progress of the case. This dressing was put on three days ago; on that occasion it was changed after an interval of five days. There is no real need that I should change it to-day, but I do so for the sake of showing you the boy's condition. Now that I have removed the dressing under the spray, you observe that it is almost free from discharge of any kind; it is, in fact, dry. I shall withdraw the silver tube that we have in the wound for the purpose of draining the pleura. This tube is filled, as you see, with white lymph, and it was because I saw this lymph in the orifice of the tube that I thought it well to take it out to make sure that the passage was clear. By turning the boy on his side, so as to make the opening the most dependent part, I am able to empty the pleural cavity completely.

It turns out, as I suspected, that the lymph in the tube had obstructed it. The perfect dryness of the dressing, combined with the appearance of the lymph, made me suspect this; and you see we have obtained from the child one ounce, not of pus, but of slightly tinged serous fluid. I should have been better pleased, for the child's sake, to have found, as on former occasions in this case, an entire absence of any fluid in the pleura; but for your sakes I am glad to see this serum, because it illustrates all the more strikingly the effects of antiseptic treatment. For I venture to say that this purely serous accumulation could not have occurred without antiseptic management.

Let me remind you of the principal features of this case. The left pleura was greatly distended with pus; the heart was pushed over to the right side, so that its apex beat at the right nipple. Aspiration had been repeatedly practised by the physician under whose charge he had been, with the usual result of aspiration in empyema—reaccumulation of the fluid, and that fluid always yellow pus. We opened the pleural cavity by free incision antiseptically, and from the time it was opened we have had no more purulent discharge. Now I do not hesitate to say that that sort of result could not have been obtained without compliance with two conditions—viz : affording free drainage to the fluid, and, at the same time, preventing the access of putrefaction. The failure of the aspiration has shown you that relief of tension of a merely temporary character is not sufficient. Aspiration removes tension for the time being; but the fluid soon reaccumulates in sufficient amount to reproduce decided tension; and that tension, acting in a reflex manner through the nervous system, brings about inflammatory excitement of the pyogenic membrane, into which the pleura has been converted by disease, and so reproduces the suppuration, on the same principle as it had been maintained previously. Therefore mere temporary relief of tension is not enough; we must have the permanent relief afforded by free drainage. But if, on the other hand, we had provided the free drainage, and at the same time not adopted efficient antiseptic means, we should, we may be quite sure, have had a continuance of the suppuration; because, though tension would have been prevented, the irritation of putrid liquid would have acted on the pyogenic membrane of the pleura, and this could not have failed to stimulate it to pus-formation. In the present case, the tube having become accidentally obstructed, there had been again a little accumulation, not sufficient to reproduce suppuration—only an ounce of it; and this accidental circumstance has given you the opportunity of seeing for yourselves, in a very indubitable manner, that the fluid effused has been serum, not pus. You have thus before you a striking illustration of the beautiful pathological truth that a pyogenic membrane ceases to suppurate when freed from irritation. Had I shown you a dressing soaked with serous discharge, you might perhaps have thought, "Are we quite sure that there is not here some pus, masked by some action of the carbolic gauze upon it?" But when you have the serous fluid before you unmixed, as it is in this measuring glass, there can be no mistake whatever.

At the same time that the local condition has been thus satisfactory, the child's general state has been equally so. Before the pleura was opened, he was becoming very much reduced, and the appetite was extremely poor; since the operation, instead of suffering from a temporary fever, as would be likely to be the case if we opened the pleura without antiseptic measures, the little fellow has suffered no febrile disturbance whatever, but from the first began to improve, and is now like a different child, taking his food well, and increasing in strength from day to day.

It is worth while to remind you of the means by which these results have been obtained. In the first place the skin was well washed with the 1 to 20 watery solution of carbolic acid, which has the power of penetrating the epidermis and hair-follicles and any greasy dirt that there may be on the skin, so that it is quite unnecessary to do as many of our German friends do, wash the skin with soap and water and afterwards with sulphuric ether. Give the carbolic lotion a little time to act, and it will be sure to purify the integument.

In the next place, the instruments and hands having been cleansed with the same antiseptic lotion, we made an opening into the pleura under a thoroughly trustworthy carbolic spray. This, perhaps, of all cases of antiseptic surgery, is that which, on the one hand, most tests, and on the other most demonstrates the efficacy of the spray. It tests it severely, because at every inspiration there is a drawing in of air in some form into the pleural cavity. If the patient is an adult, we can say to him, "Hold your breath," at the moment we make the incision; "Hold your breath," at the moment when we take off the deepest part of the gauze in changing the dressing, but with a young child, who is not amenable to persuasion, we can have no control over the respiration, and consequently during the operation, and also afterwards, at every change of dressing, air is drawn freely into the pleural cavity in some form or other. It is therefore necessary, if the spray is to be effectual, to be particularly careful to have a thoroughly reliable apparatus for its production, and that all our manipulations are so conducted that there shall never be a chance of any air other than spray being introduced.

Empyema is, therefore, a case requiring very special care in the use of the spray; but if that care has the effect of preventing putrefaction —and that this has been the case here is amply proved by the fact which you have all had the opportunity of verifying as I handed round the glass—viz: that the serum which has been accumulating for days is, nevertheless, absolutely odourless—if, I say, we avoid putrefaction completely from first to last, under the circumstances of empyema treated by free drainage, this is a complete proof of the efficacy of the spray. The pleura has been filled again and again in the course of these three weeks with atmosphere in the form of spray, and there can be no reasonable doubt that if ordinary unpurified air had entered in the same manner, carrying in its dust through the free opening, putrefaction would have occurred within the pleura. We have here, therefore, as good evidence as any experiment in a laboratory could afford of the power of the spray to correct the septic property of the atmosphere, or, in other words, to destroy the energy of the septic ferments which the atmosphere contains.

In the next place we have used carbolic gauze as a dressing. We have improved upon this gauze of late. The proportions we used of the ingredients were originally one part of carbolic acid to five of common resin, and seven of paraffin, the paraffin being added to prevent undue adhesiveness. We have now changed these proportions to one of carbolic acid, four of resin, and four of paraffin. By that means we have in the first place a gauze dressing with half as much carbolic acid again in it. It turns out that this is not too irritating, and therefore that is a great improvement; for the gauze is of course more efficacious antiseptically in proportion as it has more carbolic acid in it. From the diminution of the paraffin we have a little more adhesiveness, but that, I think, is positively an advantage. We do not find it causes any serious inconvenience, and on the other hand, it tends to prevent the disposition of dressings to slip upon the skin; it helps to keep them more securely in place. And then I may mention as a secondary, though not insignificant advantage, that though we thus increase so considerably the proportion of the carbolic acid, which is the most expensive ingredient, we have not added to the cost of the material as a whole, because pure paraffin* is so much more expensive than resin, that by diminishing the proportion of paraffin to the resin, we have cheapened the article more than we have enhanced its price by increasing the quantity of carbolic acid, so that the gauze is rendered slightly cheaper by this alteration of our proportions.

The gauze has been employed in the usual manner in eight layers, with a piece of mackintosh under the outer fold ; but in a case like this we have also used the gauze in large amount in the form of loose-folded pieces underneath. In the earlier stages this is of great importance, because the flow of serum that takes place from the unsupported pleura in the earlier stages is exceedingly copious ; therefore we have made the mass of gauze more than usual. In the adult it becomes necessary to change the dressings twice a day in these cases, but in this child the discharge being of course much less, once in the twenty-four hours proved sufficient.

---

*I regret to find that a crude form of paraffin is sometimes employed in the manufacture of the gauze. It has the great disadvantage that it acts on the caoutchouc of the mackintosh cloth used in conjunction with the gauze, and soon makes it soft and useless. When pure paraffin is used the mackintosh will last for weeks together, and is thus in the long run very cheap, as well as perfectly trustworthy.

Then, gentlemen, as to the keeping of this gauze dressing in position, you saw the elastic bandage round the edges of the dressing applied just sufficiently to bring the elasticity of the band into play, and so ensure that the edge of the dressing is always in contact with the skin, and thus, in spite of the respiratory movements, we get accurate apposition of the dressings, a point of great value with reference to the security of our results.

With regard to the kind of tube employed for drainage, for the first few days we had one of caoutchouc, as usual. There was only this difference as compared with its use in ordinary wounds : That into each of the two loops of silk connected with its orifice we introduced a substantial mass of gauze (soaked, like the deepest pieces of loose gauze, in the carbolic lotion), to make sure that the tube should not be sucked into the pleural cavity, as it might be if there were only the silk thread applied to the skin. If the drainage-tube were to enter the pleural cavity we should probably never be able to get it out again ; and although it might perhaps lie there without causing disturbance, the occurrence is certainly one to be avoided. But in the course of a few days we found, as is usual in empyema treated by drainage, that the tendency of the thorax to contract on that side produced approximation of the ribs, so as to compress the india-rubber tube and interfere with the free flow of the discharge through it. We therefore substituted the metallic tube, about three-quarters of an inch long, long enough to go thoroughly into the pleural cavity, with a collar of metal to prevent it from slipping in, the tube being rounded at the end, with holes at the sides. It is sometimes the practice in Germany to cut away a piece of the rib in these cases to ensure free drainage. This I have not found to be all necessary ; the metallic tube, if used early enough before the ribs have got into contact, answers quite satisfactorily.

We have used carbolic acid in this case, although the child is only three years old. We have also in the hospital a child of only seven weeks, on whom I operated nearly a fortnight ago, on account of atresia aurium, and the head has since been kept enveloped in a casbolic-gauze dressing, without any interference with the infant's health. I mention these circumstances because I learned, to my great surprise, at Amsterdam lately, that it was considered by some surgeons an axiom that carbolic acid is so poisonous for young children that it should not be used for them at all; and I have since seen the same doctrine stated in print. Now, gentlemen, consider the circumstances of this little boy. In order to get a sufficiently large dressing on his small body, the carbolic gauze has been made to envelope his trunk from his armpits to his pelvis, and yet he has not suffered constitutionally at all; he has had no carbolic acid poisoning. This is sufficient to show that there is no need to abstain from the use of carbolic acid in young children from this fear. You may say, "How is it that we should not have carbolic acid poisoning, while some of our German brethren have it?" I believe the great secret of our comparative immunity from these toxic effects is that we avoid as much as possible all unnecessary action of the carbolic acid upon the tissues. Had I, for example, in this boy's case injected carbolic acid lotion into the pleural cavity, and done this at every dressing, as some persons might do, I think it is in the highest degree probable that he might have suffered from carbolic poisoning. Or, again, suppose the patient is not a child, but an adult, and suppose after making a considerable wound—as, for instance, in amputation of the thigh—you do as is often done on the Continent, viz., after stitching the edges of the wound together, and putting in drainage-tubes, inject a 1 to 20 carbolic acid solution with the syringe through the tubes. If I did such a thing as that, I should think it not at all unlikely that my patient might suffer from carbolic acid poisoning, because the interstices of the tissues just opened by the knife are ready to receive fluid that may be injected with any force towards them; and if you use a powerful syringe, and apply it to the orifice of a drainage-tube with the purpose of clearing out the wound, the cavity will probably be distended by the fluid, and there must be a great risk of having it forced into the interstices of the tissues, and thence passing in abundance by absorption into the circulation. This sort of practice is really quite unnecessary if you have a trustworthy spray, and operate so as to comply with the conditions of our physiological problem from first to last—conditions not difficult to comply with if we know that they are necssary, and keep a proper watch. And, again, in the changing of dressings there are many surgeons who, whenever they change the dressing under antiseptic treatment, make a point of syringing the wound out. There, again, is a most unnecessary application of carbolic acid to the system, and I believe the avoidance of this kind of practice is the principle cause of our immunity from carbolic-acid poisoning. I cannot point to one single instance in which I can be sure that we have had carbolic poisoning of any moment whatever, either in my hospital or private practice during the two years I have been in London.

At the same time I do not deny that in rare idiosyncrasies there may be carbolic-acid poisoning in spite of the avoidance of needless introduction of the agent into the system. I have seen such a thing myself. I have seen, for example, after removing the mamma and dressing with the gauze, the patient begin to suffer, not only from dark urine, which is in itself a matter of no moment, but from general debility, loss of appetite, and other symptoms of carbolic poisoning. We changed the gauze dressing for one of boracic acid, and immediately the symptoms disappeared. We left this boracic dressing on for several days, and then changed it under the carbolic spray; and time after time, as the result of the mere application of the carbolic spray to a limited portion of that lady's integument, did the symptoms of carbolic-acid poisoning return in a few hours, making it indubitable that that particular individual had a special idiosyncracy for being so affected.

Now it is very desirable that, if such an occurance should show itself, we should be prepared with means of an alternative character. I have alluded to the boracic-acid dressing. This is very good with superficial wounds or sores, as you have had the opportunity of seeing strikingly exemplified lately in a case of skin-grafting.

[The large callous and foul sore, having been dressed for a few days with a moist boracic lint covered with a gutta-percha tissue, was purified completely by sprinkling the surface lightly with the powder of iodoform, after washing the surrounding epidermis with strong watery solution of carbolic acid. Prepared oiled silk (protective) dipped in boracic lotion was then applied to the sore, and covered with boracic lint overlapping well in every direction. A similar dressing of oiled silk and boracic lint was applied every third or fourth day, until the granulations had assumed thoroughly healthy characters, when the skin-grafting was performed by shaving a thin slice about a quarter of an inch across, consisting of little more than epidermis, from the inner side of the upper arm, which had been washed with 1 to 40 watery solution of carbolic acid, cutting this into small pieces on the thumbnail, and placing each, with the raw surface downwards, on the granulations, each graft being covered, as it was deposited, with a little bit of the oiled silk dipped in boric lotion· A general piece of the oiled silk rather larger than the sore was then applied, and over this boric lint in two layers secured with a bandage. This dressing was left untouched for a whole week, so as to allow the grafts a long period without mechanical dirturbance. We all know how black and foul oiled silk would be if left for a much shorter time upon a suppurating sore without the use of an antiseptic. But here it was quite free from discoloration or odour, while every one of the nine grafts was found to have taken root, and cicatrization was proceeding at the margins of the ulcer with a rapidity that could not have been hoped for under water-dressing changed daily.]

But we should not like to trust this mild boracic acid for deep-seated affections like empyema. What substitute, then, have we in case of the rare occurrence of carbolic-acid poisoning? I believe the best at present known is salicylic acid, first introduced into surgical practice by Prof. Thiersch, of Leipzig. It may be used in the form of salicylic jute, which is a pretty cheap material. Some weeks ago my friend Professor Bennett, of Dublin, told me of a case of empyema which he had to treat in the country. Carbolic gauze was not obtainable, but he had salicylic jute; he used this after opening the empyema under the carbolic spray, and he directed the country practitioner to apply the salicylic jute at every dressing on the same principle, and the result was a rapid cure after a course similar to that which you have been witnessing to-day. Here, then, we have evidence that in this exceedingly testing case, empyema, salicylic jute may answer the purpose as a satisfactory substitute for carbolic gauze. It must be applied in pretty large mass, and it will be well to have a piece of mackintosh outside, to prevent the discharge soaking directly through it.—*London Lancet,*

* * *

MISCELLANY.

Dr. J. J. Mulheron, of Detroit, Michigan, in an article written for the *Therapeutic Gazette* on Asthma, speaks in the highest terms of the efficacy of Grindelia Robusta in the treatment of this disease. The patient was aged 56, and had been afflicted with bronchitis and paroxysimal asthma for a quarter of a century, other remedies were tried but failed to give relief. Two grains of the solid extract of grindelia robusta, in pill form, were given every three hours. After two pills, or four grains, had been taken there was marked relief of the paroxysm. The medicine was continued until thirty pills, or sixty grains, were taken. It was followed by complete immunity from attack for three weeks, a very unusual experience for this patient. On the recurrence of subsequent attacks more pills were taken with the same satisfactory results. Dr. Mulheron used this drug in other cases of asthma, and has been led to look upon it as one of the most trustworthy articles of the Materia Medica in the treatment of this disease

He calls attention in this paper to the dissimilarity of the different preparations of the drug which are in the market, and recommends as reliable only, the preparation prepared after the manner recommended by Dr. Gibbons, of San Francisco, and made by Parke, Davis & Co., after Dr. Gibbons instructions.

Dr. W. M. Kemp, of Baltimore, says, "I am asked if I have used dextro quinine in my prescriptions, and what is my experience as to its effects, and in comparison with sulphate of quinine. I answer that I have used it very freely in cases for which I formerly prescribed the sulphate and that it has answered my expectations very satisfactory. I have used doses slightly larger than I would have given of the sulphate. I have never conducted comparative trials of the two articles, but I do not now remember any instance where it has not fully met my wishes. It is less likely to induce tinnitus or to offend the stomach, than sulphate of quinine."

Tar as a Medicinal Agent.—In the *Berliner klinische Wochenscrift* Prof. Peclam reports some of his personal experience with this agent. He does not consider tar water at all efficient, and always administers it in pills or capsules. One constant and curious effect he noticed was that the urine of a patient taking tar does not decompose for five or six days, instead of in twenty-four hours as usual. The general indication for tar is a chronic catarrhal inflammation of the mucous passages of the respiratory or urinary tract, as bronchitis, vesical catarrh, gleet, etc.

The Doctors in Memphis during the Epidemic of Yellow Fever.—N. Y. Med. Record: In 1878 all the homeopaths—four in number—ran away when the plague came. Of the forty-six regulars, ten followed in their wake. Of thirty-six who remained, twenty-eight were attaked with the fever and fourteen died. Eight already had had the disease and were not attacked, although on duty day and night. This fact corroborates the belief that one attack gives immunity from a second —*Louisville Med. News.*

The *Indian Daily News* gives the report of a post-mortem examination made by a native doctor. It is particularly remarkable for the plainness of its English. A single sentence is enough to show this: "At or about nine A. M., of the 21st, I held a post-mortem examination on the carcass of Mussamut Sooknea, a female, aged about 30 years, and found her body damnably swollen, and entirely decomposed."—*Mich. Med. News.*

Dr. R. J. Levis, of Philadelphia, uses the *Bromide of Ethyl* (hydrobromic ether) exclusively as an anæthetic. He ascribes to it the following advantages over other anæsthetics:

Safety; rapidity of action, and recovey from its effects, less frequent nausea and vomiting, unirritating qualities, and rapid elimination from the body.

It is a colorless liquid with s. g., a little greater than water, and a characteristic odor less agreeable than chloroform. It is administerd upon a folded napkin.—*Phila. Med. Times.* (See case of Prof. C. Johnston reported in editorial column.

Prof. Lusk, of New York, in a paper on the "*Treatment of Hemorrhage in Abortion*" (*Trans. N. Y. State Med. Assn.* 1879), gives the following summary of his views:

I. Early hemorrhages (first two months) require the same treatment as in the non-pregnant uterus.

II. In the third month, no treatment is required, when the ovum is expelled with intact membranes. When the membranes rupture before expulsion, and hemorrhage takes place, attempt immediate removal, if the cervix be sufficiently dilated to admit the index; if cervix be closed, try the tampon for twenty-four hours; that failing, use sponge-tent and remove ovum with finger.

III. In cases of neglected abortion, remove retained portions with the finger or curette, dilating with sponge-tents if required.

IV. After third month, hemorrhage can usually be controlled without tampon, by compressing the uterus, and in cases of delay, by manual extraction of the placenta.

The Fist Successful Case of Cholecystotomy is recently reported in the *Lancet*, by *Mr. Lawson Tait.* A painful movable swelling presented in the region of the right kidney. No decided diagnosis was made, but, nevertheless, it was determined to practice abdominal incision. This was effected in the median line, when a distended gall-bladder was discovered, with a large gall stone impacted in the entrance of its duct. The stone was removed by incision into the sac, and the edges of this opening were then stitched to the edges of the abdominal incision, which was closed up except at one point. The flow of bile ceased after a time, the wound healed, and the patient was entirely restored to health. The antiseptic method was used.

T. M. Dolan, F. R. C. S., in *Lancet*, of November 17th, suggests that the saliva of dogs supposed to be rabid, be collected in small tubes, like those seen in feeding bottles, and injected into rabbits. The development of the disease in the latter animals is a crucial test of the diagnosis The saliva may be collected from animals living or recently dead. He recommends that the same method be employed when human beings are affected.

A Number of physicians of Richmond, Virginia, speak of the great value of the Buffalo Lithia Waters, in the management of scarlet fever, and in albuminuria of pregnant women. During an epidemic of scarlet fever, Dr. C. W. P. Brock, of Richmond, gave the Buffalo Lithia Water *ad libitum*, and to the exclusion of all other water for drinking purposes. The Doctor says, "In no case since I have pursued this course have I seen even a trace of albumen in the urine of scarlatinal patients, either during the attack or the convalescence.

Dr. John H. Packard, reports in *Trans. of Col. of Physicians of Phila.*, for 1879, a case in which a child expelled from the nose by blowing, a live centipede, measuring 2 1-16 inches in length. The animal was supposed to have gained entrance into the nose, whilst the child and its companions were playing in the new-mown grass, which they made balls of and threw into each others' faces. The only symptoms produced by the presence of the intruder were frequent blowing and rubbing of the nose.

Iodized Phenol.—Battey's formula for iodized phenol, iodine cryst. ʒss., acid. carb. ℥i., is highly recommended by Dr. W. J. H. Bellamy in other than uterine affections. He has found it very useful in certain skin diseases, particularly those attended with itching. In eczema marginatum it works very promptly. It is to be diluted generally with equal parts of glycerine, and applied twice a day.—*North Carolina Med. Jour.*

The Medical and Chirurgical Faculty of the State of Maryland, is the oldest state medical association in this country, with the exception of those of Massachusetts, Connecticut, New Hampshire and Delaware. It has 208 active and 8 honorary members. Its library numbers 2174 bound volumes, and 31 medical journals are kept on file, viz: 24 American, 5 English, 1 French and 1 German.

MARYLAND
MEDICAL JOURNAL.

VOL. VI. BALTIMORE, APRIL, 1880. No. 6.

ORIGINAL PAPERS.

RETENTION OF THE PLACENTA AFTER ABORTION.

BY B. B. BROWNE, M. D.,
Baltimore.

(*Read before the Baltimore Clinical Society, Feb. 6th*, 1880).

It is very difficult to determine the frequency with which abortions occur. Hegar states that at least one abortion occurs to every eight or ten full time deliveries. Devilliers says, the proportion is one to every three or four. Whitehead states the proportion to be about one to seven, and says, that while thirty-seven out of every hundred mothers experience abortion before they attain the age of 30, the percentage of those living on in wedlock to the menopause who are subject to this accident rises as high as eighty-seven.

In cases of abortion where the stage of expectancy is clearly over, there are two main indications to be fulfilled, namely, first, to stop the hemorrhage, and second, to procure the entire removal of the ovum and its placental attachments.

If the hemorrhage be severe and the ovum not already passed and the cervix not dilated, the best plan is to plug the cervix with a sponge tent as large as it will admit of, or three or

---

This paper on Retention of the Placenta after Abortion, is offered as a supplement to a paper on Partial Retention of the Placenta after Labor, read before this society in February, 1878 (and published in the MARYLAND MEDICAL JOURNAL, of March, 1879, page 276).

four small ones will answer the same purpose. These should always be covered with thin rubber or gold-beaters skin, and a syringe full of water injected into the tents to insure their full dilatation. The vagina then should be tamponed with cotton, moistened with carbolized glycerine. In twelve hours the cervix will be sufficiently dilated to allow the passage of the ovum, and at the same time allow of the easy removal of the placenta, and a thorough digital intra-uterine examination to see that no portions of it are allowed to remain.

If the ovum be already passed and hemorrhage continue the same plan may be followed, or Hanks' Hard Rubber dilators for rapid dilation of the uterus may be used, by which the uterus may be emptied without delay. In cases where the placenta has remained several days, and septicæmic symptoms have set in, rapid dilation with Hanks' dilators is to be preferred to all other means of dilating the cervix. Barnes' and Molesworth's dilators are almost useless for dilating a uterus before the seventh month of pregnancy. And in a case of septicæmic poisoning, such as will be mentioned further on, the patient would almost certainly die before dilatation could be secured if sponge tents were relied upon.

Having formed in our mind a clear idea as to what has to be done in order to secure the entire detachment of the retained ovum and all its fragments, viz: We have to pass one or more fingers into the uterus to explore its entire cavity, to separate from its walls any adherent portion of the ovum, and then to extract the separated mass. We may render the uterine cavity completely accessible to the exploring finger by the bi-manual method, but still better by Simpson's method of seizing the anterior lip with a double tenaculum forceps, one of the blades grasps the vaginal aspect of the front wall of the cervix as high up as the roof of the vagina, the other at a corresponding level within the cervical canal. The uterus is capable of being pulled considerably down without any injury to its ligaments, or laceration. It may be pulled down with the right hand and kept fixed with it, while the fingers of the left pass into the cavity and explore and evacuate it. The cavity of the uterus is thus brought within full reach of the fingers, and we can,—and in all those cases of imperfect delivery in the early months we ought to,—control the emptying of the cavity from fundus to os. The manipulations necessary to secure a satisfactory result cause some suffering, though not to a great degree, which we can always save the patient by bringing her under the influence of chloroform.

The following cases will be referred to, to show how long a hemorrhage may go on under medical treatment and how easily and readily the uterus is emptied and the hemorrhage stopped when the proper measures are adopted.

Case I. Mrs. W., the mother of six children, sent to my office late on the night of January 7th 1877, for a prescription for something to stop a hemorrhage from the uterus, the messenger stated that she had had a fall on the ice about a week before and that pains set in on the following day, and that a miscarriage had taken place on the 5th, but that the hemorrhage still continued and was increasing, I prescribed Squibb's fl. ext. ergot ʒss. every hour. After prescribing all the usual remedies for seven days and using the vaginal tampon without result, I finally concluded to plug the cervix with a sponge-tent as the patient had now become so weak that she could stand no further loss of blood. In the afternoon I removed the tent and introduced two fingers into the uterus and detached a small piece of placental tissue which was still adherent to the uterus. After this the hemorrhage ceased and the patient, though extremely weak, made a rapid recovery.

Case II. Mrs. H., aged 42, married, youngest child six years old, was taken with violent pains in the abdomen soon after eating a hearty dinner on September 19, 1878. Thinking that she had an attack of cholera morbus, she used the usual domestic remedies for this complaint. About 5 o'clock in the evening she had violent straining and purging followed by a bloody discharge from the vagina.

This discharge continuing, I saw her about 9 o'clock at night —she stated that she had no symptoms of pregnancy—that her menses had been very irregular for the past eighteen months— she also stated that nothing resembling a fœtus had passed from her. Upon examination, the uterus was enlarged, the cervix slightly patulous. Thinking that she was about to have a miscarriage, I ordered half drachm doses of fl. ext. viburnum prunifolium every half hour until the hemorrhage ceased. On September 20th, the flow still continued, the fl. ext. ergot was given, but did not diminish the discharge, and on the 23rd the discharge became so offensive that I concluded that she had had an abortion before I had seen her on the 19th. Putting her under the influence of chloroform, I dilated the cervix with Hank's hard rubber dilators, and introduced two fingers of the right hand into the uterus and found a portion of placental tissue firmly adherent to the left side of the uterus. I could not succeed in detaching it until I introduced the left finger with which it was readily separated, the right finger passed above its attachment to the uterus, but the left finger being more readily passed under it lifted it from its attachment.

The use of placental forceps, curettes and the various instruments that have been devised for the removal of retained placenta are much more uncertain, and less safe than the finger and hand.

Of course the more completely the cervix is dilated before any attempt is made for the removal of the adherent placental portion, the more readily and safely it can be accomplished.

Case III.—Annie C., aged 22, unmarried, sewing machine operator, was seen for the first time December 4th, 1879. The lady with whom she lived stated that she had been having considerable hemorrhage for several days, and that her womb was entirely down. Upon examination the cervix was found to be patulous admitting the index finger, and the uterus enlarged. The girl denied having passed anything but blood, and also denied being pregnant. Each day she stated that the hemorrhage was checking and that she felt much better, although it was very apparent that she was getting decidedly worse. She insisted that the hemorrhage was only her courses which were always profuse and lasted nearly a week.

Her temperature and pulse gradually rose until on the tenth her temperature was 103° and her pulse 140, and on the following morning more decided septicæmic symptoms with severe chills set in. Believing that an abortion had taken place, I decided to explore the uterus without further delay. With the assistance of Dr. George F. Adams, she was put under chloroform, the uterus dilated with Hanks' dilators, and I succeeded with the finger and curette in detaching a large piece of placental tissue about an inch and a half long and an inch wide, which was undergoing decomposition in the uterus. About ℥i. of sloughy placental debris which was extremely offensive was removed by wiping out the uterus with absorbent cotton, and the whole interior of uterus was sponged out with very hot water, and then thoroughly mopped out with Churchill's tincture of iodine. When she was put back to bed she had a severe chill, but after remaining extremely ill for three days she commenced to improve and slowly convalesced. Poultices were kept over her abdomen and large doses of quinine with sufficient opium to allay the pain were kept up until about a week after the removal of the portion of retained placenta.

The girl afterwards acknowledged that the fœtus had passed from her the day before I saw her, and that she had got a servant to empty it in the sink without the knowledge of the lady of the house, and that she had induced the latter to believe that the presenting fœtal membranes was a falling of the womb.

In this case there was a deep laceration of the cervix, at the time the placental portion was removed, and so long as the discharge continued it was impossible for this to unite.

From the history of a large number of cases of laceration of the cervix which came under my care at the Baltimore Special Dispensary while in charge of the department of diseases of women and also in my private practice, I am led to believe that lacerations of the cervix and the accompanying conditions of subinvolution and cellulitis are more frequently caused by retention of placental remains in the uterus, than as the result of the severity of the direct injury, for we know that two freshly torn surfaces will generally unite when kept in apposition, and further that in the operation for bilateral incision of the cervix the difficulty is that the surfaces will frequently unite in spite of the efforts made to keep them asunder.

And again in several cases of abortion and after labor, where I have been fully satisfied that all placental structure and all clots were entirely removed and the uterus firmly contracted; I have in some of these cases had an opportunity of examining the uterus after the lapse of a month or six weeks, and in such, the most accomplished expert could not, from the appearance of the cervix, have known whether the woman had ever been pregnant.

There is also another class of cases which we meet with, one, two or three years, or even longer after an abortion. These cases present all the symptoms of chronic uterine disease, such as menorrhagia, leucorrhœa, backache, &c., &c., they are generally improved by any intelligent plan of treatment. Tonics benefit them for awhile, and local treatment, such as vaginal douches, pessaries, applications of iodine, &c., sometimes improve them very much, but within a month or two after leaving off treatment, they relapse, and are as bad as before. This condition is frequently, I believe, a remote result of partial retention of the placenta. In these cases, if the dull wire curette be used it will generally be found that the former placental site is studded over with numerous little cysts from the size of a shot to that of a pea, when removed with the curette they will float upon water, and have the appearance of small air bubbles. After they are thoroughly removed a few applications of Churchill's iodine may be made, although, generally even this is unnecessary.

This condition is very frequently accompanied with cellulitis, and sometimes with laceration of the cervix; the former should be cured before the curette is used, the latter afterwards.

As there is so little information upon this subject contained in any of the text books, or systematic works on obstetrics, I have appended the following references.

1. On the complete evacuation of the uterus after abortion by Prof. A. R. Simpson, *Ob. Jour. Great Brit. and Ireland*, Vol. iv, p. 179.

2. Pyæmia with clinical history of septicæmia, by Dr. Loomis, *N. Y. Med. Record*, January 10, 1880, p. 43, at the autopsy the uterus contained a fragment of placenta.

3. A clinical lecture on the Treatment of Leucorrhœa, &c.,

with history of a case of retained placenta, &c., by Dr. T. Gaillard Thomas, New York, *Med. Rec.*, Jan. 24, 1880, p. 81.

4. A case of Septicæmia Following an Abortion, by Dr. Isaac Oppenheimer, *N. Y. Med. Rec.*, July 7, 1879, p. 534.

5. The Treatment of Hemorrhage in Abortion, by W. T. Lusk, *N. Y. Med. Rec.*, March 8, 1879, p. 220, and discussion by Dr. Barker 232.

6. A Case of Abortion at three and one-half months in which the placenta was probably retained, by Dr. David Young, of Florence, *Obst. Jour. Great Brit. and Ireland*, Vol. vi, p. 24.

7. Hanks' Hard Rubber Dilators for the rapid dilatation of the uterus during pregnancy with discussion upon the same, by Drs. Noeggerath, Chamberlain and Thomas, and the camparative value of Hanks', Molesworth's and Barnes' dilators, *Trans. N. Y. Obst. Society*,—in the *Am. Jour. Ob.*, Vol xi, p. 771.

8. Discussion on the Treatment of Retention of the Placenta after Abortion, by Drs. Pooley, Skene, Noeggerath, Thomas, Harrison and Mundé, in the *N. Y. Obst. Society,—Am. Jour. Obst.*, Vol. xi, p. 773.

9. The Dull Wire Curette in Gynecological practice and its use as a diagnostic means as well as for the removal of small intra-uterine growths, &c., by Paul F. Mundé, *Ob. Journal of Great Britain and Ireland*, Vol. vi, p. 24, et seq.

10. The Etiology, Pathological Anatomy and Clinical Features of Intra-Uterine Vegetations, Chronic Hyperplastic Endometritis, by R. Olshausen, *Archiv fur Gynecologie*, Vol. 8, No. 1.

11. Extracts from the same, by M. D. Maun, *Am. Jour. Obstet.*, Vol. 8, p. 560.

307 MADISON AVENUE.

◆

CLOSE AMPUTATION OF THE PENIS, AND FORMATION OF A PERINEAL OPENING FOR URINATION.

BY J. EDWIN MICHAEL, M. D., DEMONSTRATOR OF ANATOMY,
UNIVERSITY OF MARYLAND.

(*Read before the Baltimore Clinical Society.*)

James M., laborer, æt 51, born in Ireland, fifth child of a family of eight; both parents healthy. Has been a sound man all his life. He has four children, two of whom have come under observation, one with seborrhœa of scalp, the other with enlarged cervical glands. He is a man about 5 feet 7 inches in height, weighs about 140 pounds, and is in tolerably fair physical condition. Admitted July 11th, 1878. Patient says, that about four years ago he noticed a hard "lump," about the centre of the pendulous portion of the penis. The lump grew rapidly, causing the penis to assume a crooked shape. Suffered occasionally with dysury and incontinence of urine, but these attacks appear to have been at first transient. Later the attacks become more frequent, and the urine was occasionally mixed with blood. Eighteen months later, a small ulcer appeared, which was treated with powdered alum and other domestic remedies with no effect.

Upon examination, there was found upon the body of the penis a large sloughy ulcer, discharging an abundant fetid ichor. The portion of penis anterior to the ulcer was much swollen and œdematous; the margin of the prepuce was covered with excoriations and superficial ulcerations. The ulcer on the body of the penis had penetrated to the urethra, since when the patient urinated, most of the water passed through it, a small portion dribbling through the urethra, and a few drops through a passage under the prepuce. The probe could be passed through the ulcer and out at the urethra, and also under the skin from the top of the *corona glandis* to the ulcer. Thus whenever the patient urinated (and it is to be remembered that he occasionally suffered from attacks of incontinence), the urine coming in contact with the excoriated and ulcerated surfaces gave him intense pain. This suffering had somewhat reduced him in weight, interfered with his appetite and digestion, deprived him of sleep and made his life a great burden to him. There was also in the right groin a tumor about the size of a very small hen egg. Over this the skin was somewhat adherent, a result apparently due to an old cicatrix. The state of the case was plainly laid before the patient and the alternative offered him of carrying his malady to his grave, or submitting to an operation the difficulties and dangers of which were fully explained. He chose the latter course and it was determined to remove the whole of the penis together with the tumor in the groin, and to make an opening in the perineum for the escape of the urine.

On July 12th, the operation was done in the hospital amphitheatre. The patient having been chloroformed, an incision was made across the under surface of the penis anterior to the scrotum, and the urethra exposed. A grooved staff was passed in and entrusted to an assistant. The ends of the first incision formed the starting points for two curved incisions, one passing to either side of the penis, and uniting over the pubis. The crura thus exposed were cut through as close as possible to the bone, the whole organ removed and the vessels secured. Assistants made pressure on the wound to check what little oozing there was, and attention was turned to the tumor in the groin. A free incision was made over this growth and it was dissected out, which distection was much interfered with by a copious venous hemorrhage, probably from the internal saphenous vein or some one of its important branches. This hemorrhage was at first so abundant that I feared the femoral vein had been opened, and its management gave considerable trouble. It was however finally controlled by ligature, in the application of which I was greatly assisted by my friend Prof. Tiffany, who had kindly witnessed the operation. Pressure was now applied to this wound and the patient placed in the lithotomy position for the urethral incision. This part of the operation gave little trouble as I had the grooved staff already in position. The membranous portion of the urethra was opened and the opening maintained by a plug of oakum pushed anteriorly. I adopted this method of keeping the canal open on the spur of the moment and, although it acted admirably, I claim no advantage for it over that usually recommended, of stitching together the edges of the urethra and skin, except that it is easier and takes less time. The site of the amputation was freely cauterized with solid crystals of chloride of zinc and dressed with carbolized oil and oakum. The wound in the groin was not cauterized on account of the proximity of the great vessels. The patient was put to bed and made excellent progress, suffering only a little from the soreness of his wounds and the contact of the urine with the perineal wound, which he said was infinitely to be preferred to the tortures he had previously undergone.

A month after the operation the patient was up walking about, the wound in the groin entirely healed and the amputation wound nearly so. He passed his urine through the perineal opening with great comfort; had improved very much in appearance, gained flesh and expressed himself highly pleased with the result of the operation.

In September, two months after the operation a small, rather firm mass of fungous looking granulations made its appearance at the side of the amputation. This mass resisting the application of caustics and being so situated as not to admit of operation continued to increase in size. When the patient passed out of my hands it was as large as a hulled walnut. From this point (as I learned subsequently when his son applied to me for his death certificate) the disease progressed spreading over the abdominal wall until at the end of March 1879 he died. It is to be especially noted that from the time of the operation the patient had no more trouble with his urination except that of assuming the position for the act usually relegated to the other sex.

I do not propose to discuss the subject of amputation of the penis in general nor the propriety of doing the operation or not when there are secondary infiltrations in the groins. Enough is known on this subject to enable each surgeon to select his own course in regard to the matter. But I want particularly to call the attention of the profession to the method of doing the operation when it has once been decided on; I might better say when it has been determined to amputate close to the pubis. In cases where only a portion of the organ is to be removed, the ordinary operation is sufficiently good, and some of the various means in vogue will be found efficient in preventing stricture of the artificial meatus. But in close amputation there are many reasons to be advanced in favor of making the perineal section.

In the first place it allows us to remove more tissue, in other words to cut wider of the disease than would be possible where the cut end of the urethra is left for urination. Secondly, it does away entirely with stricture of the cut end of the urethra a complication which very frequently follows the ordinary operation. Thirdly, it prevents urinary infiltration, perhaps, the most serious of the immediate evil results of close amputation, and that which causes most apprehension. The various modifications of the plan of stitching the edges of the slit urethra to the skin, have usually proved inefficient to prevent contraction at that point. Delpech, of Montpellier, bisected the scrotum and thus gained something in distance from the disease, and by stitching together the edges of the urethra and the skin avoided stricture. His example has been followed by some others with success. But by this means urinary infiltration is not avoided, and should a return of the disease occur at the seat of the wound (an event unfortunately, but too common) it brings with it all the horrors of the patient's previous condition. The combined operation is said not to be new, though, I have sought in vain for some account of it in the works of Chelius Gantt, Sir A. Cooper, Gross, Burns, Erichsen, Nelaton, Podradzky (in Billroth and Pithas General and Special Surgery), and some others. In recent years attention has been called to it by two distinguished American surgeons, Prof. J. W. S. Gouley, of New York, in the Louisville *Med. News* of September 15th, 1877, and Prof. Christopher Johnston, in the Maryland Medical Journal of August, 1877. These gentlemen both operated in May, 77, the former twice, and the latter once. The good effect of the operation was immediate and permanent in all the cases with regard to the power of urinating comfortably, though, I believe the disease returned, and finally destroyed the patient in most of them. Thus by this operation we are enabled to give the patient the last hope of a permanent cure of his malady, and at the same time completely relieve him of one of its most distressing concomitants. There may be some who with Nelaton will say, that whenever so close an amputation is necessary, the case is hopeless, and should not be operated upon, but I think we owe it to the patient at least to set the matter before him, and let him make his own selection of alternatives. In any case where there is painful micturition from cancer of the penis it would be proper to open the urethra in the perineum, and relieve the patient of that load of misery. As far as amputation is concerned I would recommend it in all cases not positively hopeless, and in cases such as that of Prof. Johnston, where a first operation had failed, and the inguinal glands are affected, or like my own case, where there was evident secondary growth in the groin, I would be as far from urging operation as from refusing to do it if it should be the patient's desire. And when close amputation is done, in view of the dangers of stricture, urinary infiltration, and return of the disease at the seat of the wound, I would say that humanity demands the opening of the urethra in the perineum. That part of the operation is simple, not dangerous and replete with comfort for the patient. I have little to say in regard to the instruments to be used in the amputation. Gouley used Richardson's serrated scissors, Johnston used the écraseur. We might use the galvano, or thermo-cautery with success. The selection must depend upon the operator's taste or judgement. As for myself, I must confess a weakness for that simplest and best of all surgical instruments, the knife.

THE PROSPECTIVE ADVANTAGES OF BALTIMORE AS A MEDICAL CENTRE.

BY JOHN VAN BIBBER, M. D.

In a worldly point of view it is probably as wise to prepare ourselves by education and culture to reap the advantages of prosperity, as it is by habits of prudence and economy to secure ourselves against the privations and anxieties of adversity. In the latter case we are spared much suffering by our foresight, but in the former by thus preparing ourselves, we are better able to enjoy the privileges afforded by our position, and in every way better able to make use of the power for doing good, which prosperity, in some shape or form, always brings with it. If this is true of an individual or family, it is equally true in regard to society in general, and eminently so in regard to those who by interest and employment are bound in some manner together.

I have been led to these considerations in thinking over the condition of affairs in relation to the medical profession of this city, and particularly concerning the advantages that may accrue to it by the final establishment here of three large endowments, whose interests are identical with the progress and development of medical science. And I have thought it might not be uninteresting to consider the increased medical prosperity which will be brought about in Baltimore by these new institutions, and to lay before the profession, in a somewhat digested form, the advantages that will undoubtedly be derived from such enlarged facilities for observation and clinical instruction.

Following the general law of extension of facilities, or the gradual development of resources, or the annual growth of charities, we might hope in time, and after much labor to have the institutions which now, by the liberality of three philanthropists, are thrust simultaneously upon us, and which are soon to commence operations in their respective departments. It is a matter for congratulation that these several important institutions are to have ample means to carry out their various purposes on a large scale, and being entirely untrammeled and independent, the probable results of their administrations are likely to be worthy of the enlightened time in which they are to be inaugurated.

Without further introduction I will say I allude to the Medical School of the Johns Hopkins' University, which in connection with the Hospital, was endowed by the philanthropist whose name it bears, and intended by him in this double relationship to be a model as an educational and clinical school; to the Sheppard Asylum for the Insane, designed by its founder, the late Moses Sheppard, to be a hospital for curable cases of insanity; and to the Sanitarium for Children, endowed by the late Thomas Wilson as a retreat for the sick children of the poor during the summer months.

To show that the time is peculiarly ripe for the development of these institutions, and that their progress, if properly directed, can be made interesting to the entire profession of this country, I will say that current medical literature shows that there exists a disposition to reform the present system of medical education, and to make its standard higher; also, a disposition on the part of some prominent men to criticise and reform the management and care of the insane; also, a lively interest, both professional and lay, in regard to the mortality of young children in large cities during the summer months, and the means most likely to avoid this evil.

The first of these subjects has grown out of the numerous new medical schools which have been established all over the country, and the natural consequence of an injurious system of competition by which many schools, in order to attract students, have shortened their courses of instruction and reduced their fees. The imperfections of the cheap and hasty education thus afforded are apparent to every one, and the movement towards reform has so far taken shape that some of the best schools of the country have adopted a higher standard of requirements.

The second question has grown out of the unsatisfactory management of Insane Asylums, and of the fact that the superintendents are too much engrossed in the details of the domestic affairs of their institutions to give the proper care to their patients which such an important condition requires, that the proper distinction is not made between the curable and incurable cases, and that in many asylums the treatment consists chiefly of incarceration and neglect.

The third of these subjects has grown out of the terrible mortality among young children in our large cities during the summer months. This fact has claimed the attention of all classes of the community, but more particularly of physicians who see not only the ravages and sorrow it causes during each heated term, but appreciate also the fact that many of these little patients who escape the immediate calamity of death, are doomed to carry through life the mark and imperfections of their disease.

Of course as these questions are being agitated it is a matter of national concern to find their solution, and the city that can offer the best advantages, and the most reasonable prospects of coming to some result in their investigation, will excite comment and claim attention. In order to make it apparent that in Baltimore our means are ample to aid materially in these investigations, it will not be out of place to give a short account of the scope and possibilities of the three institutions above alluded to, and to show in what way the execution and development of their uses can be of service in the effort to solve these problems of the medical profession.

The Wilson Sanitarium.—One of the latest and best of our medical journals has for its motto this sentence of Descartes—"S'il est possible de perfectioner l'espèce humaine, c'est dans la médecine qu'il faut en chercher les moyens." This is indeed the highest aim of medical science, not to cure disease, but to prevent it, and before it has commenced its work to make the body strong enough to escape its curse or its infection. And nowhere does it seem to me that this, the best development of medical power, can show itself so strong as in the successful management of an institution like the Wilson Sanitarium for children, the object of which will be not only to remove the sick to more favorable climatic conditions, and to restore them to health, but also by proper food and hygienic care to improve the sanitary condition of all those who come under its administration.

The total mortality of the city of Baltimore for the summer months of 1876, '77 and '78 was as follows:

Year.	June.	July.	August.
1876	1001	909	776
1877	937	889	725
1878	688	673	634

Of this total the number of deaths of children under 5 years of age were as follows:

Year.	June.	July.	August.
1876	657	543	411
1877	601	597	436
1878	363	344	303

Dr. J. W. Toner in an article on "Free Parks and Camping Grounds" (*Sanitarian May 1873*), says:

> "A careful examination of the published reports of the Boards of Health of the cities of New York, Chicago, Philadelphia, Boston, Baltimore, and of several other cities, shows that about one-half of all deaths occurring are of children under five years of age. It is also noticeable that a large per cent. of these deaths take place during the heated term, and are attributed to cholera-infantum and other summer complaints almost peculiar to the United States."

These statistics certainly show what an important sanitary question has grown out of the care of young children in large cities during the summer, and it can be readily understood, even by an unprofessional observer, that a disease which causes such a fearful mortality among the children of our cities, must leave a decided impression on the physical condition of those who survive such attacks, and any physician will testify to the number of paralyses, deformities, and diseased conditions which date their commencement from a summer attack. Hence while the direct effect of such a sanitarium will be to prevent sickness and reduce this excessive mortality, its indirect result in saving the community the care and onus of numerous crippled and deformed children will be almost equally as valuable.

I can not better describe the origin and scope of this institution than by quoting from a letter of the trustees lately sent to several distinguished medical gentlemen.

"THE THOMAS WILSON SANITARIUM FOR CHILDREN OF BALTIMORE CITY," was incorporated, July the second, 1875.

"For the purpose of securing a Summer Retreat for Sick Children from the heat and unhealthfulness of the City, and for such other kindred purposes as may be hereafter determined upon by the Corporation."

"His Will, executed on the seventh day of February, 1879, provides as follows:

"I have observed for many years, with much concern, the great and alarming mortality which occurs each Summer among young children deprived, by misfortune of their parents, of all opportunity for removal from the heated and fatal atmosphere of the City.

"God, in his providence, did not spare to me my children, to be the solace of my declining years, but my pity for the sufferings of little children, and of their parents, is none the less, and I do not think that I can make a better use of some of the means of which God has made me the steward, than in the alleviation of the pains, and in the prolongation of the lives, of those of whom Our Saviour said 'Suffer little children to come unto me, for of such is the kingdom of heaven.' I therefore give, devise and bequeath unto 'The Thomas Wilson Sanitarium for Children of Baltimore City.' a corporation created under the provisions of the Maryland Code of Public General Laws, in relation to Corporations, under my own supervision, * * * in all a bequest of Five Hundred Thousand Dollars."

"The Trustees to whom the execution of the above mentioned trust has been committed, desire to furnish themselves with the results of the experience and views of those whose attention and studies have been devoted to the Sanitary Care and Treatment of Children, and their Diseases. The Trustees, therefore, at their first meeting, preliminary to the formation of any definite plan of procedure, determined,

"To correspond with a few persons at home and abroad, who are eminent for their experience and success in the treatment and care of sick children, and to obtain Essays from them, to be published for the benefit of this and similar institutions."

"The Trustees wish your suggestions in reference to the most practicable means of lessening the risks and dangers incident to children exposed to the heated and impure atmosphere of a large city during the summer months, also your views as to the best methods of extending a general knowledge of simple hygienic rules for the treatment of children at home among the poorer classes. In the fulfillment of their duties they hope at least "to show a model of experiment," which may prove of value as a contribution to the best means of lessening the mortality and promoting the welfare of young children here and in other large cities."

It will be seen by this extract that the Trustees have determined to commence their work by publishing whatever information they obtain in regard to the management of their hospital, and that from the first this sanitarium shall be an instruction and an example. When it develops into active operation, this influence will be varied and important, for what can be done for the poor will be instruction for the rich, and what can be done in this city, if it shows good results, will be of advantage to the medical profession of the country.

The free excursions for children in New York, Philadelphia and Baltimore have done much in the past few years to alleviate the sufferings of the children of the poor during the heated term, and the beneficial results of these charities have fully shown what a career of usefulness is open to the wider object of the Wilson Sanitarium. In fact St. John's Guild, of N. Y., after organizing for several years summer excursions for children, finally developed their effort into a "Floating Hospital." The Guild in an appeal for aid in carrying on their object, says:

"The Floating Hospital of St. John's Guild has rescued thousands of little ones from disease and death by affording them the opportunity of inhaling life-giving, invigorating ocean breeze."

And further on it states:

"For some time past, the Guild has contemplated the establishment of a Sanitarium in connection with the existing system, and funds only are needed—and we hope will soon be supplied—to carry the plan into efficient operation."

If so much good can be accomplished by the fluctuating gifts of charity, how much greater in every way, and particularly in a medical point of view, will be the possibilities of an institution richly and permanently endowed. The trustees who are charged with the organization of the Wilson Sanitarium seem determined to spare no effort in their endeavor to make the institution a success. They have invited information from the best authorities, which will be published, as they say, for the benefit of this and similar institutions. They have carefully sought out high and healthy situations for a site, and they have found that by two railroads running out of the city they can reach an elevation of 800 feet in 40 minutes. In addition to these preparations they will be careful to see that the physicians who are appointed to manage the institution appreciate fully that their work will be of the most vital importance to the community, and will be closely watched in its results by the public and the profession. This fact alone would have a beneficial influence on the work of the medical staff, but besides this, it is well known that there is no better stepping stone to a medical reputation than the successful treatment of the diseases of children, for their ailments constitute the chief factor in the sickness of every family. The children who are to receive the benefits of this summer sanitarium will be physically of a much higher grade than the foundlings usually met with in our asylums, and hence for experiments in regard to the utility of various plans of treatment for the invigoration of delicate children, and in regard to diet, and the effect of food on bony development, this institution will offer a valuable and interesting field.

Thus the Wilson Sanitarium brings within the reach of our limits the opportunity of studying the summer diseases of children under the influence of good hygienic conditions, and under the observation of men especially appointed for that purpose. If in the management of many thousand cases of cholera infantum and other diseases of children, some new facts shall be elaborated, and if such extended observation shall bring the result we hope for, it will be a triumph for the institution, and for the medical profession of Baltimore, to have shown what could be done in reducing the alarming summer mortality of children, and in successfully combating with diseases heretofore so difficult to manage.

The Sheppard Asylum.—The agitation known as the "Insane Asylum Reform," has now been actively going on for the past few years, and during this time many papers have been published in the medical journals setting forth the views and intentions of those interested in the movement. The titles of these papers* (given in the foot note) show that the authors have entered very thoroughly into the subject and seem determined to effect their object, and make asylums more efficient in the care of their patients, and more exacting in their medical attendance. The "Petition" of the Neurological Society of New York, to the legislature of that state in 1879, was one of the results of the discussion brought about by these papers. In this petition it was set forth, among other things, that,—"1. Superintendents of insane asylums are, nearly without exception, not chosen from among medical men who have pursued special studies in neurology at home and abroad, and who are well-trained physicians, but from among assistant physicians of asylums who, after having been badly chosen (*vide infra*), have passed a number of years immured in an institution.

2. Assistant physicians of asylums (future candidates for the position of superintendent) are nearly always men just issued from our too elementary medical schools; men who have not served in civil hospitals (which can be entered only by severe competitive examination); their qualifications are not submitted to any test; when in the institution they are not furnished with means of study (medical journals, books and instruments); and, inevitably, as years go by, they forget what general medicine they knew on graduating."

After enumerating many just causes for complaint the petetion concludes thus: "In view of the above numerous reasons for

---

*"Governmental Supervision of the Insane," May 1, 1875, by H. B. Wilbur, M. D. "Buildings for the Insane," 1877 (read before the Saratoga Conference of Charities), by H. B. Wilbur, M. D. "Extracts from the Twentieth Annual Report of Commissioners of Lunacy of Scotland, for the year 1877," with an introduction by H. B. Wilbur, M. D. (no date). "Management of the Insane in Great Britain." by H. B. Wilbur, M. D., 1877. "Reform in Scientific Psychiatry," *Am. Journal of Mental and Nervous Diseases*, April, 1878, E. C. Spitzka, M. D.; read before the New York Neurological Society, March 4, 1878. "Merits and Motives of the Movement for Asylum Reform," E. C Spitzka, M. D.; reprinted from *Journal of Mental and Nervous Diseases*, October, 1878. "The Non-Asylum Treatment of the Insane," (read by invitation, before the Medical Society of the State of New York, and reprinted from the Transactions), by Wm. A. Hammond, M. D. 1879. "The Construction, Organization, and Equipment of Hospitals for the Insane," by Wm. A. Hammond, M. D.; read before the Connecticut Medtcal Society, May 29, 1879. Lunacy Reform: I. "Historical Considerations," *Archives of Med.*, Oct., 1879, E. C. Seguin, M. D. Lunacy Reform: II. "Insufficiency of the Medical Staffs of Asylums," Ibid., Dec. 1879, E. C. Seguin, M. D.

believing that there exists gross mismanagement in the medical administration of insane asylums in this State, your petitioners respectfully request that your honorable body appoint a committee for the examination of the management of all institutions, for the care of the insane of the State of New York."

This petition caused a legislative investigation, but the neurological society, being dissatisfied with the report of the investigating committee, published an answer to this report in which it was charged that the report was made altogether in the asylum interest and without any regard to a truthful statement of the case. This answer, however, concludes by saying that since the appearance of the petition, many changes have been made for the better in the management of asylums, and that the "society although temporarily interrupted in its main object through the coalition of elements of a questionable character, points with some satisfaction to the good work already accomplished. It accepts this as the augury of a more thorough and lasting reform in the near future, and as a justification of a further continuance in its labors."

Of course the movement embraces many items of reform in management, in questions of restraint &c., &c., but the most interesting to the profession are the purely medical criticisms which have appeared in some of these articles.

Dr. E. C. Seguin in his paper on "Lunacy Reform—Historical Considerations," says :

> "I have no hesitation in declaring that not one of the few American contributions to the scientific aspects of insanity has been meritorious, and has been quoted with praise by competent critics. Indeed it is necessary to add that in the various European works on insanity, hardly an American physician's name is cited except that of the celebrated Rush. Besides, no treatise on insanity, and no important monograph upon one of its forms has appeared in this country."

Dr. Wm. A. Hammond in his article on the "Non Asylum Treatment for the Insane," gives a similar opinion on this subject.

> "But it must be confessed that up to the present time, so far as our own country is concerned, the contributions to the science of the mind in health or disease, from medical officers of asylums have been few, and for the most part of little value."

From these imperfect extracts it will be seen that there is a decided and widespread dissatisfaction in regard to the medical work done in asylums, not only in relation to the performance of duty, but also in regard to the neglect of opportunities. Hence it is that just at this time a new institution, if properly organized, can profit much by the suggestions growing out of this controversy, and may take some important steps in reforming a system that has caused so much complaint. And in order to show that the Sheppard Asylum of Baltimore, from the plan of its organization, occupies a position peculiarly adapted to the demands of this reform, I will briefly refer to its history and present status.

The Sheppard Asylum was founded by a bequest of the late Moses Sheppard, more than twenty years ago. The original endowment was $568.000, and during these years the trustees, in accordance with the wishes of the testator, have devoted the income derived from this sum to the erection of buildings and the projection of improvements, until now $575.000 has been expended, and the endowment has been increased to $600.000.*

Mr. Sheppard says in his letter of instructions to his trustees, " My leading purpose is to found an institution to carry forward and improve the 'ameliorated system' of treatment for the insane irrespective of expense."

He further says "that the increased cost of preparation and attendance will limit the number of patients: * * * that each patient shall have an attendant when it may appear useful, an experimental establishment * * Let all that is done be for use strictly and not for show."

It was designed by the founder to be a hospital for the cure of the insane, and not an asylum for the care and protection of those suffering from various grades of dementia or imbecility. To carry out this plan it is intended that it shall be so governed that a case will be treated for a reasonable length of time, and if at the end of that period it is determined that the case is incurable, the management reserve the right to discharge the patient, in order to make room for one which can more thoroughly carry out the intentions of the institution. In this it will be a unique hospital, and being intended as an institution for curable cases only, it will be able to offer inducements for the treatment of such cases that no other asylum can afford to give. On the principle that there is no charity in giving to the rich, this class will be made to pay for these advantages, but for the poor no expense will be spared, or no luxury denied which can in any way aid in restoring the patient to integrity of mind.

---

*I have been kindly furnished with these data by Mr. J. Saurin Norris, President of the Board of Trustees of the Sheppard Asylum.

In order to show that the Sheppard Asylum if organized in strict accordance with the wishes of its founder, is precisely the end and aim of all the discussion on asylum reform, I will quote again from Dr. E. C. Seguin, of New York, who in a published letter in regard to asylum reform in Connecticut, comes to this conclusion:

> "The acute, curable cases of insanity require much better care than they now receive in our asylums. It is for them that it is economical and humane to spend money freely, in order to facilitate recovery. The curable insane need the highest medical skill which a large salary will attract, a much larger number, proportionately, of assistant physicians selected by severe examinations, many real nurses, not mere attendants or guardians. They require the best of food, with the liberal use of costly medicine, wine, brandy, changes of clothing, etc."

Reforms are always slow in their progress and difficult to bring about, and it may be some years before the agitation now pending will produce any decided change in the management of asylums that are already in operation. It is for this reason that I have been led to think that our prospective asylum here, being nearly ready to commence its career, and being untrameled in every respect, and new in its organization, might take a foremost position in regard to this very necessary and interesting controversy. The study of insanity is the field, of all others, in medical literature, which is most barren of results, and any man of talent and enthusiasm, who, in the light of the recent advances in brain physiology, cultivates its dark expanses, may gain the reward of a name, and the satisfaction of having done a good and necessary work. It may be that the trustees of the Sheppard Asylum, if they are wise and fortunate in the selection of this man to guide their institution in its high purposes, will be able to add something valuable to the knowledge of insanity out of the administration of their advanced institution.

Taking into consideration the present state of public opinion on this subject, and in the face of such extracts as I have just quoted, who will say that the Sheppard Asylum has not a golden opportunity to set an example, to work a reform, and to achieve a reputation.

The Medical School of the John's Hopkins University.—Every year the necessity of a decided reform in medical education becomes more and more apparent as the number of students increases, and as the misplaced ambition of medical men in various parts of the country urges them to develop new schools under a system of lax and imperfect teaching.

The results of such a medical education, if it can be so called, in a new country where a university, or even a collegiate course, is not held in its proper estimation, can only be fully understood when we take into consideration that no requirements are necessary to enter most medical schools, and that the course required for graduation does not extend over a period of more than ten months actual instruction.*

Hence the road made easy, the prospects for a professional life, and the possibility of making money call to these schools many students, who, if some reasonable requirements were exacted, would be unable to embrace the calling to which they are now invited by a cheap and speedy system of graduation. The best men in the profession have waked up to the fact that the evils arising out of the too rapid multiplication of medical schools must be in some manner checked, that there must be some movement made by the more prominent medical schools to show that the study of medicine is not a trifling or easy undertaking, and that the attainment of a degree shall demand the expenditure of more time, energy, and money than is now required by the vast majority of our institutions. This feeling is now widespread and sincere, and in addition to the examples of Harvard University and the University of Pennsylvania, two of the schools of New York, the College of Physicans and Surgeons and the Bellevue Hospital Medical College have lately adopted new regulations in regard to requirements for matriculation, length of courses, and methods of examination. It is also a matter for congratulation, to notice in the last number of this JOURNAL, that the University of Maryland has adopted a series of resolutions in regard to raising the standard of instruction, and the requirements for graduation.

---

*Address on Higher Medical Education, by Wm. Pepper, M. D., Phila., 1877. Address before University Pennsylvania, by S. Wier Mitchell, M. D., Phila., 1878. Future influence of Johns Hopkins Hospital on Medical Profession of Baltimore, by John Van Bibber, M. D., Baltimore, 1879. Report on Higher Standard of Medical Education—Transactions Illinois State Med. Soc., Chicago, 1879.

To show that these schools which have adopted a higher standard will work together for a common cause, I need only refer to the circular of the Bellevue College, which states that in matriculating students who have attended lectures in other institutions, " it makes a distinction in favor of students from those schools which have a compulsory graded course."

From these changes it can be readily seen that the desire and necessity for higher medical education is earnest, and that the reform that has already commenced will continue from year to year to become more and more pronounced. At this stage of the movement it should be particularly gratifying to the profession here, that we are to have in our city a school, whose resources and equipments will be strong enough to make it an important factor in this national reform, to push it ahead of the schools in larger cities. and to give it an opportunity of taking the lead in the cause of higher medical education.

It is with some regret that I come to the consideration of the most interesting part of this paper with the space alloted me almost entirely taken up; but the bequests of the late Johns Hopkins are now so well known, that a mere passing allusion to our new school and hospital will be sufficient to prove that, in their dual relationship, they are destined to become a means of developing the medical interest of Baltimore to a very important and decided extent.

The Medical School of the Johns Hopkins University will be organized under the pressing influence of a necessity for a more thorough education in the science that it is to teach, and its government, bound by no restrictions, but on the contrary given every latitude to do what is wisest and best, will certainly not fail to make use of the advantages at its command. To sum up these advantages, I may say:

1st. That the school will be able to impose requirements for matriculation, to lengthen its courses of instruction, and to raise its standard of graduation without any regard to the pecuniary loss from small classes of students.

2nd. That it will have ample means to carry out any plan of teaching that, with the improvements of science, may be developed.

3rd. That it will have as part of its curriculum the care and management of a model hospital, built and arranged especially for clinical purposes.

4th. That the buildings being erected especially for the purposes of a medical school, they will be supplied with all modern appliances for laboratory instruction and original investigation.

5th. That it will have available the laboratories and expensive apparatus of the biological and chemical departments of the university.

6th. That it will have the training school for nurses, which will be made an especial feature of the hospital.

Each item in this summary is important, and taken together, in their total significance, they give the ground work necessary for a high grade of medical school. That the embodiment of these advantages into one curriculum will prove attractive to the better class of medical students there can be no doubt, and it is equally as reasonable to suppose that the course of instruction, adopted by the Johns Hopkins school, will establish an example which should exert a beneficial influence on the medical schools throughout the country.

And now, having given this short account of the three institutions which are soon to commence their career in our midst, it only remains for me to call attention to the advantages that may be derived from this triple increment to our medical resources.

The foregoing considerations will, I think, show the truth of what I said in the commencement of this paper concerning the peculiar adaptability of these endowments to the present wants of the medical profession. The development of their separate purposes will give the profession of Baltimore the opportunity of working up under very propitious surroundings, and with very substantial aid, three questions which are now being agitated in the journals of the country, and it may be that their solution, or many collateral improvements will result from the activity and usefulness of these institutions.

It will be admitted by every one that it has never before occurred to any city to be on the eve of inaugurating into activity such important and rich bequests; bequests which seem so to fit the wants and interests of the times, which will be of such signal use to medical men separately, and if worked together will make a strength and power for the advancment of medical science, which is enjoyed by no other city in this coutry.

To discuss further the medical advantages of Baltimore, which in common with other large cities are great, would be out of the scope of this article. It is intended only to show what opportunities our new school, asylum, and sanitarium will bring us, what invitations they throw out to the profession for interest and support, what positions they will develop for us, and what may be the literary results of their respective administrations. The other institutions of Baltimore are well known, they have existed for years, and they will no doubt continue to grow in prosperity and influence, adding the value of their prestige to the vigor of newer institutions, and in many ways each can supplement the other in their various roles.

With this outlook we can scarcely fail to realize what good fortune seems to hold out to us, the possibility that Baltimore may become celebrated as a city of model institutions, and as an important centre of education and medical learning. The future indeed looks fair, and it remains to be seen if we shall act with energy in the present, if the weeks, months and years will add their necessary sum of work to the attainment of this ambition, to the developement of such grand prospects into a secure and permanent realization.

* * *

CORRESPONDENCE.

Editor of Maryland Medical Journal:

Details of personal or subjective experience in matters medical have always afforded me more interest and satisfaction than reports of casual cases. The same may be true of others than myself, and I am therefore tempted to send you the following account of my own case:

I am engaged in teaching, and am hence obliged to talk or lecture during two or more hours of every day. I am also the subject of unpleasantly frequent attacks of localized headache, limited to one or other anterior quarter of my head. Now I have observed that when it is the left side which is affected, I am able to speak with a degree of ease or, relatively considered, with a degree of fluency which to me at least is very noticeable as well as agreeable—I trust that my hearers have always received the same impression, but I have not had the boldness to ask. I take it that these attacks are of a reflex character arising in irritation of the gastric centre, and that a hyperæmic state of the third left anterior frontal convolution producing a more than normal stimulation of this centre is the explanation of the phenomenon in question. If my explanation be the true one, is it too much to expect that this centre of intelligent language may some day be brought more nearly under control; that the time may come when, for example, the public orator may say, "To-morrow I speak, I shall eat ham to-night."

Respectfully,

Bolling W. Barton, M. D.

227 Maryland Ave., Baltimore.

REPORTS OF CASES.

A CASE OF ADHERENT PLACENTA WITH CONSTRICTED OS AFTER LABOR AT TERM.

BY R. H. THOMAS, M. D., ATTENDING PHYSICIAN TO THE HOUSE OF REFUGE, BALTIMORE, MD.

(*Read before the Baltimore Clinical Society.*)

I. B., aged 20, light mulatto, has been married two years; was delivered of her first child, a good sized boy, after a labor of thirty hours, by a midwife, at 4 P. M. February 13th, 1880. At 10 A. M. on the 14th, the placenta still remaining *in utero*, I was summoned to remove it. On arriving I found the woman much exhausted from prolonged suffering and a sleepless night. The cord was hanging from the vulva—it was somewhat torn by the tractions made by the midwife. There was no hemorrhage. I administered about 40 minims of Squibb's fl. ext. ergot, hoping to arouse the uterus to throw off the placenta, as my own tractions failed to produce any effect. The condition of the parts at this time was—an open, patulous and elongated cervix, and a constricted *os internum*, which barely admitted the index finger. This contraction did not confine itself to the *os* but the whole uterus, while enlarged, was contracted upon the adherent placenta and allowed but very little motion to the finger. I was able, however, as the placental attachment was nearer the os than usual to break up some of the adhesions but not to any extent. The contraction was tonic and continued pressure did not produce relaxation. I now learned from the patient—for the midwife had left her several hours before my arrival—that she had had ergot given to her already by her attendant. Upon this I suspended its administration, thinking that the contraction might be due to ergotism, and ordered small doses of opium to cause relaxation. My directions in this respect were disregarded and the only dose she received was the one I gave her. However, on my return in the afternoon I found the body of the uterus thoroughly relaxed—the fundus reaching above the umbilicus and having a soft doughy feel. On introducing my finger I found, to my disappointment, the os as tightly constricted as ever and allowing no play to the finger, which I could partially introduce. The state of the uterus and the soft compressible pulse made me fear that, while no blood was escaping externally, internal hemorrhage was either in progress or impending. I accordingly returned to the ergot which I administered in full and frequeutly repeated doses with the effect of causing prompt contraction of the uterus. This with sustaining measures constituted the treatment till the next morning.

February 15th, 9 A. M., pulse 120, temperature 102° F., lochia somewhat fetid. Gave a copious vaginal injection of warm water and permanganate of potassa. Ordered quinine in doses of 4 grs. every three hours, and continued the ergot—20 drops every three hours.

3 P. M., lochia extremely fetid, I again endeavored, as at every preceding visit, to pass the hand through the constriction and remove the placenta. My plan was to press down the fundus of the uterus, and steady the organ by the left hand on the abdomen—then with the fore and middle fingers of the right hand to make careful and steady pressure against the constriction. This I kept up for about fifteen minutes. Again no result was produced—the constriction remaining firm. I removed such portions of the placenta as I could reach, and this condition continuing, late in the evening, I called in Dr. Caleb Winslow. We put her under chloroform, and the Doctor endeavored to introduce his hand, but was met by the constriction. He was able to detach a very small part of the placenta which was firmly adherent to the uterus. He recommended a continuation of the injections and increased doses of quinine. As she was restless, bromide of potassium was given.

February 16th, 9 A. M., rested well last night, temperature 102° F., pulse 140, lochia fetid, and brown like muddy water. On withdrawing my hand from the vagina, after examination, it was covered with the discharge and with shreds of putrid matter. The abdomen was tender, and she complained of irregular pains. With the advice of my brother, Dr. Jas. Carey Thomas, to whom I mentioned the case, intra-uterine injections were now employed. I still used permanganate of potassa in preference to carbolic acid for reasons which will be stated below. 4 P. M., temperature 103° F. Intra-uterine injection repeated .10 P. M., temperature 101.5, patient more cheerful. I found the placenta, softened, broken and fetid, though less so than the discharges had been the day previous, lying in the vagina. The constriction, which must have relaxed to allow its passage, presented the same barrier as before to the entrance of the hand—but the finger failed to discover any further portions of the placenta remaining *in utero*—as far as it could reach. The injection was repeated, and bromide of potassium ordered.

February 17, 9.30 A. M., temperature 100.5°, pulse 115. Had a good night; bowels well open, without medicine; patient's strength good; discharges dark, and but slightly fetid. The intra-uterine injections were repeated three times to-day. 4 P. M, temperature 102.1, pulse 120. 10 P. M., temperature 101.5, pulse 118. Has no headache. February 18th, poor night on account of crying of child, pulse 108, temperature 100 5° F., less tenderness about abdomen. Breasts are secreting some milk. Discharges slight but still dark. Injections given as yesterday. 9 P. M., temperature 101 5° F., pulse 117, bowels open, very slight discharge, patient is stronger. Feb. 19, 9.30 A. M., pulse 102, breasts full of good milk; discharges colourless and not fetid. Gave vaginal injection. 4 P. M., pulse 120, temperature 102.2, bowels open three times, and loose; discharge increased. Gave an intra-uterine injection. 10 P. M., temperature 102, pulse 118, patient cheerful, appitite improving, no pain on abdominal pressure; repeated intra-uterine injection. February 20, 9.30 A. M., temperature 99.2, pulse 66, slight pain on pressure over abdomen. Used injection but once to-day. 7 P. M., temperature 101.6, pulse 116. February 21, 10 A. M., temperature 99.8, pulse 118. 6 P. M., temperature 100.8, pulse 104. Intra-uterine injection once and vaginal injection once. During this time I had administered quinine regularly, generally in fifteen grain doses twice a day—in pills. Milk and beef tea were given freely, and potass. brom. in 20 gr. doses as needed, which was not often. The intra-uterine injections were given as seemed to be needed, but not regularly after the 21st inst. She continued to improve steadily with but one temporary drawback. This was on the 26th, the injections had been discontinued. She had almost stopped the quinine, and had—contrary to orders—sat up the whole day and exerted herself too much. I found her with a temperature of 103° F. I at once returned to the quinine in large doses and gave her an intra uterine injection. The next day she was all right· The lochia stopped about this time. It continued almost colorless to the last. After February 23rd, twelve days after confinement—she was able to wash and dress and attend to her infant herself. She was down-stairs two days under three weeks after the child's birth. She now expresses herself as entirely well and strong, no discharge, no discomfort or pain.

This case is an interesting one as showing the power that hot water injections have in causing extrusion of a retained and adherent placenta. The method of its action is probably by gradually working its way drop by drop between the placental and uterine structures and thus gently but surely forcing them apart. The spontaneous extrusion of the placenta in this case occurred within six hours after second injection. Hot water has also the well known property of causing firm contraction of the uterus—thus preventing hemorrhage and expelling the contents of that organ. The temperature of the water used varied from 108° F. to 120° F. I found the most convenient way to give the injection was by means of a tin bucket, holding about five quarts, hung at a moderate height above the bed. To the india rubber tubing I attached the vaginal nozzle of a No. 2 Davidson's syringe. This, after allowing the water to run a moment so as to prevent the introduction of air, I carried along a finger introduced up to the constriction. I then gently pushed the nozzle well into the cavity of the uterus. The number of holes in the nozzle prevented the water from being thrown with too much force against any part and assured the thorough cleansing of the cavity, and the shape of the instrument, enlarged at its extremity and narrowed along the shaft, ensured an easy exit for the fluid, as there were no spasmodic contractions of the womb. I further assured myself all the time that the water was finding a free outlet. Although the woman was of a very nervous temperament and the external parts very tender, she never complained of the least internal pain resulting from the injection—though I questioned her closely every time. Of course I always administered the injections myself.

In regard to the disinfectant employed. It will be remembered that at the last meeting of the American Gynæcological Society held in Baltimore, Dr. Chadwick, of Boston, urged the employment of potass. permanganat: in intra-uterine injections in preference to carbolic acid on account of its being free from the objections attaching to the use of the latter—such as systemic poisoning by absorption, and the lighting up of direct inflammation from some small undissolved crystal lodging in the uterine walls. Potass. permanganat: is entirely unirritating—perfectly soluble, and a most efficient disinfectant. This last property is well illustrated in the present case where its powers were put to the severest test. It will be noted that the intra-uterine injection was omitted on the morning of February 19th. In the evening the temperature rose to 102.2° F., although the quinine had been continued as before. The injections were resumed, and the temperature fell. I found the property this salt possesses of changing color when in contact with putrid matters of great value, for I could always tell when the uterus was really cleansed, and therefore when it was safe to discontinue the injection. In regulating the strength of the solution, I was guided by my eye, adding the salt till a bright rich, but not dark purple was produced. It may be interesting to note the fact that I was out of pocket just fifteen cents for all the potass. permanganat used in this case.

In conclusion I think I cannot do better than quote the explanation of the action of intra-uterine irrigation and drainage given from Langenbuch (*Am. Jour. Obstetric*, vol. xi p. 201). "The inflammatory infiltration of an infected wound can persist and increase only if the infectious processes at the surface are maintained and fed; reproduction of the septic material then occurs and these reproductive processes in the womb produce, so to speak, a *vis a tergo*, which continually drives new broods of infectious germs into the canals and meshes of the wound-tissue thereby spreading the inflammation. * * * If now this *vis a tergo* is paralyzed and annulled by regular disinfection and cleansing of the surface of the wound, its results also disappear, the inflammatory reaction subsides, the reproduction of the septic material gradually ceases, and the septic fever, for want of pabulum, vanishes. Such a wound of the largest dimensions and greatest susceptibility is the cavity of the puerperal uterus; and experience now shows that a rational antiseptic treatment of the cavity, based on surgical principles —irrigation with a 1 to 2 per cent. of carbolic solution and drainage—is the main reliance in puerperal septicæmia." Drainage was not used or needed in my case, and the disinfectant was different—but the principle was the same, frequent antiseptic irrigation being the only local means emyloyed.

A PIN EXTRACTED FROM THE THROAT OF A CHILD 3 YEARS OLD.

BY JNO. M. KEATING, M. D., PHILADELPHIA, LECTURER ON DISEASES OF CHILDREN, UNIVERSITY OF PENNSYLVANIA.

On Sunday, January 25th, upon returning to my office in the afternoon, I found awaiting me Mr. E and his wife, who had brought their little daughter, aged 3 years, for the purpose of having a pin extracted from her throat. Mrs. E. told me that during the early part of the afternoon whilst her family were gathered about her, her attention was attracted to this child holding a pin of medium size in her teeth, and that in the haste to secure it, the child inadvertently made an effort at swallowing, and the article mysteriously disappeared. Shortly after the child felt its point distinctly in the throat, and the mother very emphatically told me that for a moment she had seen it sticking in the back part of the throat upon the left side. The pin was bent at a right angle, close to its head, Mr. and Mrs. E. were by no means excited in their manner, and this with the quiet, though, emphatic manner in which the statement was made by the wife that she saw the pin and not a string of mucous, confirmed me in my opinion that I had at once to deal with an affair that might at any moment become critical. Taking the little one to an open window, she at once opened her mouth very widely, and I obtained without a tongue depressor, a good view of the arches. After careful scrutiny, I detected nothing. The slightest pressure upon the tongue made her gag, and then the view was cut off. My finger detected no pin-point. I was at last forced to admit that I could detect nothing, and rather reluctantly the parents took their child home. Within an hour I was sent for by an urgent message, and once more Mrs. E. informed me that by means of the light reflected from a student's lamp, after carefully training the little girl to hold the muscles in tension, for a moment she had again seen the glistening body of the pin with its point forward. The first attempt in my presence gave me also a glimpse of the dreaded body, but in a moment the uvula with the closing arches hid it from view. The head was deeply imbedded in the fringe of the posterior half arch on the left side. The bend in the neck carried the body forward and, at each closure of the throat, the body of the pin disappeared, the point entering the uvula at its posterior aspect. To grasp it with long forceps necessitated depression of the tongue, and then if successful it would have required considerable force to drag the head through the muscle into which it was firmly planted. An attempt proved futile.

My father, Dr. W. V. Keating, saw the case with me, and with his advice we determined upon the use of anæsthetics to accomplish our purpose. It is scarcely necessary to add that we feared the pin might be dislodged and fall upon the epiglottis, or worse by far, into the larynx itself. The parents at once agreed, and gave their assistance. Chloroform and ether were used one part to three, and with very little, resistance, complete anæsthesia was soon brought about—with great difficulty, owing to the quantity of mucous that collected in the throat, the pin was again seen for a moment and firmly grasped by the forceps, its head held tightly in the muscles. At that moment a reflex movement of deglutition came on, and the forceps came out without the pin. It had entirely disappeared, and after many attempts, further search for it was abandoned. Even after the child had recovered consciousness, nothing gave us a clue as to its whereabouts. We supposed it had gone into the œsophagus, and on that account ordered the child to be plentifully supplied with bread, milk and gruel as a diet.

About three weeks after, one morning, during an effort at stool, the child suddenly complained of great pain at the anus, and Mrs. E. sought the cause—just at the outlet the pin was discovered, blackened and rusted by its journey, but retaining its sharp point and the peculiarity of the bend at its neck.

NOTE ON CHANCRE.

BY L. McLANE TIFFANY, M. D., BALTIMORE, MD.

Primary syphilis unaccompanied by induration is of sufficiently rare occurrence as to justify mention. The following is reported as an example of so infrequent a lesion:

A. B., aged 30 years, presented himself for treatment. Three weeks previously he landed from a long voyage. Two days prior to being seen by me, he noticed a sore on his penis. Having frequently indulged in sexual intercourse during the past three weeks the date of infecting connection could not be fixed with accuracy. There existed on the glans, to the right of, and above the meatus, an erosion, circular, having a diameter of ⅛ inch. The appearance presented was typical of a primary syphilitic lesion; base pink, edges bevelled, discharge thin and scanty. Induration carefully sought for and not found. Inguinal glands not enlarged. Strict cleanliness was enjoined. During the following ten days the patient was seen daily, subsequently every other day. In the second week of observation multiple enlargement and induration of the inguinal glands appeared; during the third week, dry lint was interposed between the sore and prepuce, causing a somewhat profuse purulent discharge.

At the end of the fifth week of observation general symptoms of syphilis appeared, ushered in by sharp fever. The primary sore was examined at almost every visit, and no induration at any time detected; from its situation the chancre was capable of being subjected to most thorough investigation, by touch, as also by sight.

Coincident with the fever, already noted, a faint "rénitence foliacée" appeared, which subsequently deepened into well marked parchment induration of the chancre.

There seems to be little doubt but that the above is a case of primary syphilitic sore unaccompanied by induration at the site of infection until explosion of general (secondary) symptoms; indeed the only chance of mistake would lie in the fact that induration had appeared and disappeared prior to falling into my hands. Careful investigation disclosed no reason why the statements of the patient as to the first appearance of the sore should not be accepted, while confirmatory evidence is offered by the fact that he, the patient, arrived from sea a short time previously.

A partial softening of the hard base of a chancre, to be followed by a re-induration on the inception of secondary symptoms has been noted, (Bumstead fourth edition, p. 455) but that this occurred in the case related is precluded by the history. Fortunately multiple glandular adenopathy gave a clue to the diagnosis and warning of the arrival of the unwelcome guest.

* * *

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD FEBRUARY 17TH, 1880.

BROMIDE OF ETHYL.—*Dr. Christopher Johnston* reported the first employment of this new anæsthetic at the University Hospital. The patient was a colored man, aged 26, suffering from a painful disease of the bladder. To establish the diagnosis, it was necessary to introduce a sound, and as the patient was very anxious for an anæsthetic it was determined to try the hydrobromic ether, so favorably reported upon by Levis and Turnbull. The specimen employed was from the manufactory of Rosengarten & Sons of Philadelphia

There was no apparent disease of heart or lungs. The patient appeared excited on coming before the class, and his respiration was forty per minute. The agent was administered by pouring ʒj on cotton in the bottom of a tin inhaler, and holding firmly over the nose.

Levis claims that it acts rapidly, producing anæsthesia without a struggle, and that recovery is rapid, and unaccompanied by nausea or haziness. The use of the cautery is possible with it. According to him, dilatation of the pupil is the indication of its limitation.

In Dr. Johnston's case, anæsthesia was complete in 1 minute and 45 seconds; the patient lay quiet during the introduction of two sounds, emerging from his unconsciousness suddenly in 3 minutes and 45 seconds, when he sat up and said he felt all right. The pulse and respiration were not throughout altered in the least. Dr. Johnston thought he had not received the entire drachm, as the cotton smelt very strongly of the anæsthetic after he had ceased to inhale it. As a matter of prudence, he was required to lay down again for a few minutes.

"Should further experience confirm the favorable results obtained in this case, we have come into possession of a very valuable agent." Its odor resembles garlic dropped in ether, or tincture of assafœtida in ether or nitrite of amyl.

Dr. Chisolm said that some years ago bichloride of methylene was employed until 100—200 patients had taken it, then a fatal case occurred. Spencer Wells still uses it, but it has been discontinued at the Royal Ophthalmic Hospital.

Piece of Metal in the Eyeball 23 Years Without Causing Trouble.—*Dr. Chisolm* also reported a case, in which a patient had his right eye destroyed at the age of 16, by the explosion of a gun-cap, a fragment of which struck the ball, and remained imbedded in it till the age of 40, without giving any trouble whatever. On coming under treatment the cornea still retained its transparency; the pupil was occluded, and a bright metallic spot was visible on the cornea. The patient applied on account of sympathetic trouble, which was beginning to make its appearance in the sound eye. After enucleation the metal was found beneath the spot, surrounded by a deposit of lymph. This was the longest period where Dr. Chisolm had known a fragment of metal to have remained in the eye without causing serious annoyance to the other.

BORACIC ACID.—ERYSIPELAS.—*Dr. Uhler* reported a severe case of erysipelas, in a man over 70 years old, in which he employed a saturated sol. of boracic acid with very favorable results. The disease involved one lower extremity, extending thence up the side, and had existed one month during which the usual remedies had been tried without benefit. The patient seemed to be losing ground. Under the applications of the boracic acid solution, made three or four times a day the disease subsided; marked improvement was observed on the second day of their use. The only internal remedy used during the applications was ext. of nux vomica. Boracic acid seems to exert on the skin an effect similar to that caused by carbonic acid. The tissues appear coagulated under the microscope.

Dr. Chisolm said there was no remedy that has not been used locally in erysipelas; every few years we have a new one brought out.

Dr Chisolm referred to the use made of boracic acid during the last twelve months, by cloths saturated in a solution of it and applied over the eyes ofter cataract operations.

Dr. C. Johnston said that epidemics of erysipelas occurred two years in succession at the University Hospital, during which the efficacy of various local applications was tested and it was found that *rye-flour* gave the best results. It is dried in the oven and applied to the part and the limb enveloped in dry cotton. The whole head is enveloped (in case that is the part affected), masks being provided for the eyes. The cooling effect is very grateful to the patient. This observation has been since confirmed by more extended use in private and hospital practice. The tincture of the chloride of iron is at the same time employed internally.

REPORT OF PRIZE COMMITTEE.—The Committee reported through *Dr. McKew*, Chairman, that they had examined the essays presented in competition for the prize offered by the Academy, and recommend that it be conferred upon the author of the essay entitled, "*A Contribution to the Study of Inflammation, as Illustrated by Induced Keratitis.*" The report was adopted, also a motion that the author be requested to read his essay at the next meeting of the Academy.

MEETING HELD MARCH 2ND, 1880.

RETAINED PLACENTA.—*Dr. J. Carey Thomas* reported a case (in the practice of Dr. R. H. Thomas), in which a patient attended by a midwife suffered from subsequent retention of the placenta, which the midwife was unable to remove. Two physicians, who were called in, tried in vain to remove it. Upon Dr. Thomas' advice, large hot water injections were made into the womb, resulting in the expulsion of the offensive placenta. Ergot had previously been freely given, but without effect. The result of the treatment was most satisfactory.

Dr. McKew thought free opening of the cervical canal should precede the injections. Should the hand fail to accomplish this, it could be readily effected by Barnes' dilators.

Dr. Thomas agreed with Dr. McKew, but in the case referred to by him, dilation was not necessary.

Dr. H. P. C. Wilson related a case of a lady who had a miscarriage, with but little loss of blood; subsequently, her temperature rose to 105° F. Dr. Wilson was called in consultation. The attendant was ignorant whether the placenta had been passed or not. Passing his index into the internal os, and pressing the womb down, Dr. Wilson detected the placenta firmly attached to the fundus. Chloroform was given and the placenta pealed away piece by piece; hot water was then pumped into the uterus. The next morning the pulse and temperature were nearly normal; the fœtid discharge and septicæmic symptoms had disappeared.

Dr. Morris referred briefly to a case of Placenta Previa, occurring five months ago in the practice of Dr. Reiche, of Waverly. The child was delivered by version; the patient lost a great deal of blood and the os closed so that the placenta could not be detached. Dr. Morris, called in consultation, five days after, advised against operative interference. Five months have now passed and the placenta still remains undelivered.

Dr. Reiche confirmed Dr. Morris' statements.

Dr. Wilson said this was a very remarkable case; he would say that her uterus could not be in a healthy condition. The placenta ought always to come away; for a long time there is danger from hemorrhage and septicæmia. He had never seen a placenta which he could not remove, and could not conceive of such a condition.

READING OF PRIZE ESSAY.—This took place at 9 P. M, in presence of the Academy and a large number of invited guests.

The essay was by *Dr. W, T. Councilman*, and was entitled "*A Contribution to the Study of Inflammation as Illustrated by Induced Keratitis.*" At the conclusion of the reading of the essay, the prize of $100, was conferred upon the author by the President with appropriate remarks.

President D. C. Gilman, of Johns Hopkins University (being called on for remarks) said that the researches which had just been detailed had been carried on in the Biological Laboratory of the Johns Hopkins University, and he was glad to hear the author say that they could not have been undertaken without the aid there afforded. He referred to the necessity of cooperation between the Academy and that department of the University work, and of the mutual advantages which each could render the other.

He concluded by declaring it to be the intention of the authorities of the University to establish in Baltimore a physiological institute, equal to any in the world.

After a short intermission the Academy proceeded to the election of officers.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

BALTIMORE CLINICAL SOCIETY.

MEETING HELD FEBRUARY 21st, 1880.

SPAYING FOR OVARALGIA AND EPILEPTIFORM CONVULSIONS.—*Dr. Frank West* reported a case of this operation (published in the MARYLAND MEDICAL JOURNAL for March), the first performed in Baltimore.

Dr. Tiffany remarked that the operation, as performed, was a simple one, and the introduction of a gallon of warm carbolized water into the peritoneal cavity was rather comfortable to the patient than otherwise. The satisfactory result shows how the antiseptic fluid does away with bad results.

Dr. McKew asked whether the toleration of these injections into the peritoneum might not be attributed to the habitual use of morphia by the patient.

Dr. West answered that he had no doubt of such an influence. The patient was kept under narcotic influence for six days after the operation. The injections were made into the peritoneum twice a day for four days, after that, only into the vagina. Blood clots were washed out on the 1st and 2nd days.

BORACIC ACID IN INFLAMMATIONS OF MUCOUS MEMBRANES.—*Dr. J. Shelton Hill* reported a case of gonorrhœa, in which he employed an injection of boracic acid (ʒ ss to ℥ iv); he next saw the patient four days after, and found him perfectly well. Since that, he had used it in a primary attack, increasing the strength to gr. x to the ounce. The disease, which had lasted six days, was cured in one week. The patient was a letter carrier, and continued his employment during the treatment.

He has also employed the agent by inhalation in follicular tonsillitis with surprising results. So also in post-nasal catarrh. Finally he obtained most satisfactory results in a distressing and painful cystitis, due to long standing resilient stricture, by injections morning and night (after drawing the urine), of an 8 gr. solution. The patient had required the constant use of anodynes, which he administered himself hypodermically. Any attempt to walk caused severe paroxysmal pains and desire to micturate. Eight days ago he began the injections; the urine was then so tenacious that it adhered to the vessel when inverted; the night before, he had been up to pass his urine thirteen times. The next night this was reduced to seven times, and there was far less pain; on the 2nd night after the treatment the number was four and no opium was used for the first time in six weeks. On the fourth night there were two micturitions. Since the 18th only one injection daily has been employed. On the 19th the patient was able to take a long walk without any bad results. The patient had been two months under treatment. At first only a filiform bougie could be introduced, and the stricture had to be dilated. Various astringents had been used for the cystitis, including zinc, acetate of lead, opium, nitrate of silver, &c., but the patient grew steadily worse, until the employment of the boracic acid; then the improvement was immediate. The injections were made through a small flexible catheter, about No. 2. Specimens of urine passed at various stages of the treatment were exhibited, in which the change from a dark brown purulent fluid to a clear one without deposit was very striking.

Dr. I. E. Atkinson thought the experience with regard to the remedy (only two weeks), was too short, to establish conclusions. We must withhold judgment, and wait for further evidence.

Dr. Hill referred to a case of thickening of the vocal chords in which three weeks treatment (astringents, electricity, &c.) produced no effect; the day following the use of a gargle (8 gr. to ℥j), the patient was able to articulate.

Dr. B. B. Browne has used boracic acid in uterine disease, and has found it very useful in vaginitis, and erosions of the os. He employs cotton soaked in a saturated solution, and then dried; this is moistened before application.

SPECIMENS: TUBERCULOUS MESENTERIC GLANDS FROM A MONKEY; POPLITEAL ANEURISM.—*Dr. Tiffany* exhibited a specimen obtained from a monkey, which died recently at the Park. The abdomen had been swollen for two months; the diagnosis of consumption of the bowels was made during life. On post-mortem, tubercles were found in the axillary, inguinal and mesenteric glands, and in the spleen, kidneys and lungs; they were perfectly characteristic and resembled those found in man. The abdominal swelling was due to tubercular peritonitis. There was no ulceration of the bowel.

The second specimen was obtained from a man, who came into the University Hospital for syphilitic ulcers of the legs; the limbs presented a worm-eaten appearance from the ankle to the knee; the forehead exhibited a similar condition, and there was falling of the hair. He stated that he was 50 odd years old,—he looked nearer 70,—and had had syphilis for fifteen years. In the left popliteal space, a pulsating swelling was discovered, with bruit; the pulsation ceased when the artery was compressed above. Rest and anti-syphilitic treatment were ordered; iod. potass. was given in 5 grain doses, increased to 30 grains, three times a day. After taking the larger quantity for three days, he appeared a little heavy; the urine was examined and found to contain casts. The potash was stopped at once and diuretics ordered, but the patient died four days after the discontinuance of the potash. For forty-eight hours preceding death he passed no urine. On post-mortem, two aneurisms were found in the popliteal space, one of which appeared to be a true aneurism, and contained laminæ very well marked.

It was a question whether the remedy or the disease caused the casts. The patient's condition seemed very much improved by the treatment up to the period of the appearance of the renal symptoms.

Dr. Coskery remarked that the first specimen showed these differences from the human, viz; in being circular instead of transverse, and in there being no thickening of the peritoneum. He questioned there being a true aneurism in the second case; if so, how could the two inner coats be expanded so greatly?

Dr. Morris said tuberculosis was the most common disease in animals. A lioness, which was perfectly healthy, on reaching Ireland, died in six weeks of tuberculosis. Dr. Hortin says all tropical animals die of this disease. As to animal vaccination, man is a sturdier animal than any other, and barring the question of syphilis, human virus is preferable.

DOES IODIDE OF POTASH CAUSE RENAL DISEASE?—*Dr. I. E. Atkinson,* referring to the second case reported by Dr. Tiffany, said it was very common to find disease of the kidneys in old syphilitic subjects; we may have a gummy tumor in the organ, the large waxy, or the contracted kidney. The waxy form is probably not due to the syphilis, but to the prolonged suppuration; we must exclude the specific element in this form.

Is the granular kidney due to the prolonged irritation of the syphilitic poison, or to the remedies employed? Many agents cause irritation of the kidneys; Dickinson says a large proportion of granular kidneys occur in workers in lead. Ollivier first drew attention to this fact, about 1861; also to similar effects of arsenic and mercury. It is not settled whether iodide of potash is a cause; the subject has not yet been scientifically studied. It is a most important question; if the affirmative be true, it is perfectly appalling when we reflect upon the amount of damage that must have been inflicted. The speaker had records of nearly 100 cases of the tertiary form of syphilis, of which nearly ten per cent had renal disease; albuminuria was not found in all,—it is rarer in the granular form. The evidence relied on was the presence of tube-casts. He has examined the urine before and after the use of the iodide, with indecisive results. However, he is confident that the remedy will not produce renal trouble. He has given drachm doses; in one case two drachm doses, thrice daily. Some of his patients have continued it two or three years without renal symptoms. In some cases albumen has appeared after a short use; in others no such effect was produced. He inclines to the opinion that it produces a certain amount of irritation, which after a time subsides, but the question of the permanency of this irritation is still sub judice. May not the irritation produced by the potash in Dr. Tiffany's case have been the "straw that broke the camel's back."

Dr. Morris' statement applies to animals in confinement, a condition totally different from that of heifers used in obtaining animal vaccine virus.

Dr. McKew referred to the rapid elimination of the potash, but said when the kidneys are already overburdened with the work of excretion, caution is necessary.

Dr. Winslow referred to the importance of examining the urine in all diseases; in a case recently under his observation, where everything taken into the stomach was vomited, hyaline casts were found on microscopic examination of the urine.

EMBOLUS OF MIDDLE CEREBRAL ARTERY.—*Dr. Councilman* related the case of a patient 60 years old, an old drunkard and frequently an inmate at Bay View Hospital, who came into the hospital ten days ago, with symptoms of a cold. One-half hour after arrival he became suddenly paralyzed; in this condition, he lingered on half conscious, until last night, when he died suddenly. On post-mortem, the middle cerebral artery was found occluded by a soft, non-adherent (hence very recent) clot. The lesion was on the right side of the brain; the paralysis affected the left side of the body. Red softening, three inches in diameter, was found corresponding with the distribution of the artery. The arteries of the brain and wrists were atheromatous. Some previous examination of the heart had been made, and heart trouble diagnosed. The supposition was that a clot had been washed from the aortic valves and become occluded in the artery of the brain.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MARCH 8TH, 1880.

PLACENTA PRÆVIA.—*Dr. W. F. A. Kemp* read a paper upon this subject (to appear hereafter in this JOURNAL).

Dr. C. H. Jones related the following case: A woman, who had been bleeding very freely for three days, was found nearly moribund. She had had large doses of ergot but without effect. Brandy and ammonia were required liberally to prevent threatening collapse. On examination placenta prævia, with central implantation, was discovered. With the finger one-half of the placenta was stripped off from its attachments, then separated from the other half and removed. The hand was then passed further into the uterus through this opening, pains were excited and a dead fœtus expelled in a vertex presentation. The rest of the placenta was removed without difficulty.

Dr. Sellman referred to a case in which the child was expelled first, notwithstanding efforts to remove the placenta, which constantly slipped up behind the child's body. It was a vertex presentation, and turning was unnecessary.

Dr. Morris related a case seen with Dr. Whitridge. The os not having dilated, a tampon was advised. He was summoned during the night, found that dilatation had taken place, and the child had been delivered with the forceps. The placenta. however, was still adherent to the side of the cervix, and had to be pealed off. Hemorrhage continued, notwithstanding, until the injection of a solution of liq. ferri persulphat. The patient died of septicæmia on the fifth day, presumably the effect of the injection. Usually such cases give no trouble; the above case was the only exception in Dr. Morris' practice. He believes in getting rid of the placenta as soon as possible. Push it aside, disregard it; as soon as the head comes down and exerts pressure, the hemorrhage will cease.

Dr. J. Shelton Hill recommended pressure upon the placenta from above downwards by the hands on the abdomen.

Dr. Morris thought this a good plan in vertex presentations, but impracticable when turning has been effected.

Dr. Uhler said the treatment of placenta prævia recommended, generally causes the death of the child. The placenta should be separated at that point where it has the slightest adhesions.

Dr. Ashby said that cases of accidental hemorrhage during labor are very common; when occurring towards the end of pregnancy, they are due to a simple detached placenta. He referred to a case lasting 4–5 days. The treatment of placenta prævia should be tentative, tampons, &c , till the child becomes viable; labor may be induced at any time after the seventh month, when the symptoms appear threatening. This course is recommended by all the late authorities in obstetrics.

Dr. Jones related a case in which a patient began to have hemorrhages about the sixth month; the attending physician believing them to depend upon placenta prævia declined to remain longer in charge of the case. Dr. Jones was called in about the eighth month. Believing the opinion of the previous attendant correct, he put the patient to bed, and injected ice-water per vaginam. The child was born at term and living; the placenta and child came away together.

Dr. Hill could not conceive that there could be any difficulty about the diagnosis of placenta prævia after labor had set in; the os is then dilated sufficiently to admit the finger, and the feeling imparted by the placenta is perfectly distinct.

Dr. Ashby said the uncertainty existed previous to dilatation.

CHEMICAL SURGERY.—*Dr. Uhler* then opened the appointed subject of discussion,—Chemical Surgery (see report of Dr. Uhler's views MARYLAND MEDICAL JOURNAL, for January 1880, pp. 194 and 195).

EUGENE F. CORDELL, M. D.,
Recording and Reporting Secretary.

BOOKS AND PAMPHLETS.

The Hypodermic Injection of Morphia, Its History, Advantages and Dangers. By H. H. KANE, M. D., New York, Pp. 327. Chas. L. Bermingham & Co., Publishers, New York, 1880.

This is a very remarkable book and, if we consider the method and care employed by the author in its compilation, is the most accurate and useful treatise upon this subject yet published in any language.

It will be remembered by many of our readers that some months past a series of questions, addressed by Dr. Kane to the profession, were published in this JOURNAL asking for information in regard to the use of morphia hypodermically. Answers to these questions were received from 360 physicians. It is from the recorded experience of these 360 physicians that this book is compiled.

The volume begins with the History of the Discovery of the Subcutaneous Method of Administering Drugs,—The Instrument, Advantages of the Method, and the Doctrine of Localization. To Dr. Alex. Wood, of Edinburg, and Rynd, of Vienna, belong the credit of the discovery, about the same time, 1843, though two of our own countrymen Drs. I. E. Taylor and Washington, of New York, claim to have used the same method in dispensary practice in 1839. The history of the successive steps through which this method of medication passed, before its importance was fully realized and its practice established, is curious and interesting. The first to use the hypodermic syringe proper, in this country, was Dr. Fordyce Barker, of New York, who introduced it in May, 1856, on his return from a visit to Edinburg.

Chapter II. Treats of Inflammation and Abscess, Solutions Used, Method of Injecting, etc., etc. Some of the statements made in regard to abscesses and inflammation following the puncture of the hypodermic needle are novel indeed. One physician reports that he has an abscess "in about one in every ten punctures," and another says, "in practice of twenty years in which I have used the hypodermic syringe thousands of times, I have seldom had inflammation, and never abscess." Such differences in experience are curious developments, and tend rather to throw doubt upon the value of the testimony offered throughout the book. These, however, are the two extremes, but strange to relate of the 357 physicians, 28 report abscess as common, 69 as rare, and 213 have had none. Such results can only be explained upon the ground of the administration of an improper solution or careless use of the needle.

Chapter III. Treats of The Commencing and the Usual Dose, Idiosyncrosy, Narcotism, Elimination of Morphia by the Kidneys, Experiments, etc. The Idiosyncracies reported in this chapter are exceedingly instructive, and suggestive of extreme caution in the first administration of morphia hypodermically. A nearly fatal result is reported by four different competent witnesses from the use of 1-6 of a grain of morphia sulphate and a number of cases of narcosis are reported from the use of from 1-4 to 1-2 gr.

Chapter V. Deaths from the Subcutaneous Injection of Morphia, is full of instruction. We are surprised at the revelations it contains. A number of deaths are recorded from the injection of from 1-6 to 1-2 gr. One correspondent reports two deaths, one of which was caused by the subcutaneous injection of 1·5 of a grain of morphia, combined with 1-75 of a grain of atropia.

Chapter IX. On The Morphia Habit, Its Dangers, Peculiarities and Treatment, is full of valuable information, and explains many of the dangers which result from the use of this method of medication. 131 physicians report 184 cases of the opium habit contracted by the use of the hypodermic syringe, and 197 physicians have never seen or heard of a case of this kind. One novel patient is reported where the hypodermic syringe had been used between 2500 and 3000 times in a period of 18 months, and no signs of opium-habit were observed.

The conclusion arrived at by the author are very suggestive and eminently worthy of adoption. He cautions against the use of morphia in large doses by the mouth and in small or large amounts by the skin. The drug should be given with the greatest care in those diseases in which there is a tendency to death by the lungs, and where the blood is but poorly ærated. In chronic diseases of the kidney it may be followed by a fatal result.

The author thinks that atropia alone should not be fully depended upon in combatting the narcotic effects of opium or morphia, and recommends the following powders to be carried in the case with the syringe.

1-30 gr. atropia
1-30 gr. strychnine
2 gr. citrate of coffein
1 gr. carbonante of ammonia.

By having these powders handy the physician has the means for combatting any dangers that may arise. He recommends the use of a tourniquet for ligature of the limb in case of syncope. We quote his own language, "I must again insist that it is never safe to give a hypodermic injection of morphine or of any other powerful drug without a cord or tourniquet hanging loosely on the limb ready for immediate use, in case of necessity."

In closing our remarks we can not praise too highly the zeal and ability the author has displayed in the management of this subject. He has given the profession a most valuable work, and if his suggestions are examined into and considered by the profession, great good will result from the treatise.

The Principles and Practice of Gynecology. By THOMAS ADDIS ENMETT, M. D., Surgeon to the Womans Hospital of the State of New York. Second Edition, Thoroughly Revised. Pp. 869. Henry C. Lea, Philadelphia, 1880. For Sale by Cushing & Bailey, Baltimore.

In the June number, 1879, of this JOURNAL, this volume of Dr. Emmet, was reviewed at some length, and its many striking merits were pointed out. Within less than one year, we are informed by the author, the first edition has been exhausted, rendering necessary a second edition, with a thorough review in which every page has received his earnest scrutiny and the criticisms of his reviewers carefully weighed

We know of no more accurate test of the value of a book than the fact that a large edition is soon exhausted. It is true many worthless books have attained a large circulation but this assertion can hardly be applied to works of a scientific character, much less could it be true of Dr. Emmet's book. We take it that the very high position of the author and his well established reputation as a writer and observer, contributed largely to the sale of his "Principles and Practice of Gynecology." The reception of this book by the profession is certainly most flattering to the author. The profession had long awaited its appearance and when it came the work was fully up to the high standard anticipated for it. This second edition will fully sustain the reputation and popularity of the first. The labor and care spent in its revision will render the volume of additional value to the profession.

Complimentary Dinner Given to Professor S. D. Gross, by His Medical Friends in Commemoration of His Fifty-First Year in the Profession, is the Title of a Most Charming Little Volume Published by Messrs. Lindsay & Blakiston, of Philadelphia.

We are told by the Committee having in charge the arrangements of the Complimentary Dinner given to America's most distinguished Surgeon, Professor S. D. Gross, that they desired to make a permanent record of an event, memorable in the medical annals of their city (Philadelphia) and country, and it is to perpetuate the scenes of that evening that occasioned the publication of this little volume. The volume relates the event in full, and sets forth the addresses delivered upon that occasion. The dinner was given as an honor to Prof. Gross by his professional admirers and friends, and was attended by members of the profession from different cities.

Invitations were sent to a number of distinguished surgeons in this country, many of whom responded by their presence, and contributed to the interest of the occasion. In responding to the toast "our guest" delivered by the chairman, Prof. Gross gives expression to feelings of respectful acknowledgement and cordial appreciation of the honor conferred upon him. In referring to a part of his own history he says, "It is not a pleasant thing to speak of one's self, but there are a few circumstances which I may perhaps be pardoned for referring to upon this occasion. I have grown old in the profession, for, as pupil and practitioner, I have been in it for fifty-four years, my graduation dating back to March, 1828. A little over one month ago I closed my thirty-ninth course of lectures on Surgery. If to these thirty-nine years be added two years spent as Demonstrator of Anatomy in the Medical College of Ohio, and four years passed in the Medical Department of the Cincinnatti College as Professor of Pathological Anatomy, it will be perceived that my life as a public teacher extends over a period of forty-five years. During all this time it has been my good fortune to miss few lectures, either from sickness or any other cause. If my teaching has not always been of the best quality, it has been as good as I knew how to make it. Whatever estimate may have been placed upon it by those who have listened to it, I can solemnly declare that it has always been earnest and conscientious with an eye single to the interest of my pupils, the truths of moral science, and the honor and dignity of the profession. On no occasion have I entered the amphitheatre without due preparation."

Photographic Illustrations of Skin Diseases. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O., etc. New York, 1879, E. B. Treat. Parts 1–6.

The six completed parts of this work, of which six parts yet remain to de published, enable one to reach pretty definite conclusions concerning its merit. Prof. Fox has, certainly, far exceeded all other efforts to represent, by photography, diseases of the skin. Indeed, those maladies not characterised by extended hyperæmia and various gradations of inflammatory coloring, such as keloid, comedo, acnevulgaris, elephantiasis, icthyosis, leucoderma, have been reproduced in a manner startlingly like nature, and altogether more truthfully than in any other plates that we have seen. They convey to the eye the exact impressions of the diseases. As however the necessity to supplement photography with the pencil of the artist continues, we think the pictures become much less lifelike, some of them even misleading. The process by which the plates have been prepared, is, it seems to us, eminently suitable for non-inflammatory conditions, and if Prof. Fox, in the parts still to appear, devotes especial attention to this class of skin affections, he will secure to the medical profession plates as nearly life-like as is attainable. The descriptive text, the typography and the general style of the publication are all that could be desired.

A Manual of the Practice of Surgery. By W. FAIRLIE CLARKE, M. D., F. R. C. S. Third Edition, Revised and Enlarged. Published by G. P. Putnam's Sons and Wm. Wood & Co., New York. For Sale by Wm. Muhsam, Baltimore.

Two publication of this work are offered to the profession simultaneously by two of the leading publishing houses in this country. The volumes differ in no essential particulars save that one is offered as a cheap student's edition, and the other is gotten up on a more ornamental style, and better suited for the library. The merit of the work does not consist in its style of publication, but in the intrinsic value of its subject matter.

The book is one of the most useful works of its character we have read for some time. It is well written, and presents its contents in an easy, practical method, evincing most excellent judgement upon the part of the author and a thorough understanding of his subject. The whole science and art of surgery are so condensed that without omitting anything the treatise seems full and complete. So thoroughly practical is the book that apparently it brings out the gist of the entire subject discussed, and produces the effect of having said all that was worth saying.

Nothing, apparently, has escaped the attention of the writer as he sums up facts and lays them before the reader. An additional merit of the book is that it is handsomely illustrated. Considering the very cheap cost of the work it should have a place in every library.

The Popular Science Monthly for April, 1880. D. Appleton & Co., Publishers, New York.

The April number of this valuable periodical is fully up to the standard of excellence guaranteed by its reputation. The opening paper by Mr. C. M. Lungren, on "Progress and Poverty" treats of certain important and fundamental problems of economical science. "What is Jupiter Doing?" is the title of an interesting article by Mr. Henry J. Slack. Professor H. L. Fairchild contributes a very entertaining illustrated paper in the department of natural history on "Curious Ways of Getting Food." "The Crayfish" is the title of an article by Professor E. Ray Lankester.

The Literary Department is well filled with miscellany, notes, etc. This number contains the index to the sixteenth volume.

Price $5 per year.

The Students Guide to the Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital. Published by Henry C. Lea, Philadelphia, 1880. For Sale by Cushing & Bailey, Baltimore.

The object of the author in writing this little book has been to supply students with the information they most needed on diseases of the eye during their hospital course. To secure this end the work has been made rather of an elementary character, and is free from discussions of theories and disputed lines of practice.

Part i. Begins with an inquiry into diagnosis and a study of the means of examination of the eye. Part ii. Takes up the clinical department and discusses the various diseases of the eyelids and of the eye Part iii. Treats of "diseases of the eye in relation to general diseases."

The book is well illustrated throughout.

Winter and Its Dangers. By Hamilton Osgood, M. D. Lindsay & Blakiston, Philadelphia.

This is another of the series of American Health Primers so often mentioned in this Journal.

This little volume is up to the standard of its companions previously issued. It will be read with interest by all persons interested in hygienic matters.

The Fallacies of Popular Clinical Medicine. By JARVIS S. WIGHT, M. D., Professor of Surgery, Long Island College Hospital, Brooklyn, Pp 16. G. P. Putnam's Sons, 1880.

Report on the Revision of the U. S. Pharmacopœia Preliminary to the Convention of 1880. Prepared and compiled by CHARLES RICE, Chairman of the Committee, New York, 1880.

Strictures of the Cervical Canal. By A. FREDRICK EKLUND, M. D., Upsal, Stockholm, Sweeden. Translated from the Sweedish, by A. Sibley Campbell, A. B., M. D., Augusta, Ga., Pp. 46, H. H. Dickson, Printer, Atlanta, Ga.

Clinical Notes Upon the Uses of the Galvano-Cautery. By WM. A. BYRD, M. D., etc., Quincy Ills., Pp. 8. Reprinted from the *Practitioner*, January, 1880. Practitioner Publishing Company, Baltimore, Md., 1880.

A Clinical Lecture Upon Cutaneous Epithelioma. By I. EDMONDSON ATKINSON, M. D., Clinical Professor of Dermatology, University of Maryland, etc., Baltimore. Reprint from February, 1880, Number *Virginia Medical Monthly*, Pp. 16.

By Same Author.—*Some Phases of Cerebral Syphilis.* Reprinted from the *Transactions of the Medical Society of Virginia.* J. W. Fergerson & Son, Printers, Richmond, Va., 1879, Pp. 15.

Therapeutic Action of Mercury. By S. V. CLEVENGER, M. D., Chicago, Ill., Pp. 27. Reprinted from the Chicago *Gazette*, February 20, 1880.

The Galvano-Cautery as a Therapeutical Measure in Chronic Nasal and Naso-Pharyngeal Catarrh. By E. L. SHURLY, M. D., Fellow of the American Laryngological Association, etc., Pp. 7. Read before the American Laryngological Association, New York. Reprinted from the St. Louis *Medical and Surgical Journal*, January 5th, 1880.

The Use of Water in the Treatment of Diseases of the Skin. By L. DUNCAN BULKLEY, A. M., M. D., New York, Pp. 14. Reprinted from the *Chicago Medical Journal and Examiner* for January, 1880.

By Same Author.—*A New Method of Permanently Removing Superfluous Hairs*, Pp. 6. Reprinted from the *Archives of Dermatology*, Oct., 1878. G. P. Putnam's Sons, New York.

By Same Author.—*On the Nomenclature and Classification of Diseases of the Skin*; With Remarks upon that Recently Adopted by the American Dermatological Association. Reprinted from *Archives of Dermatology*, April, 1879.

Boracic Acid, A New Remedy in Eye Diseases. By SAML. THEOBALD, M. D., Surgeon to the Baltimore Charity Eye and Ear Dispensary, etc., Pp. 15. Reprinted from *The New York Medical Record*, February 7, 1880, With Supplementary Note.

EDITORIAL NOTES.

NEW REMEDIES.—The activity of the profession, and of manufacturing chemists, in bringing forward new articles to the materia medica and corresponding advances in therapeutics, is one of the marked characteristics of the present day.

These additions are offered in such rapid succession, that it is next to impossible to keep pace with the constant advances in this department of medicine. This multiplication of remedies has a good and an evil aspect, and a word of caution now and then is proper. There are two extremes which many members of the profession are prone to adopt. The one is to denounce every innovation upon the materia medica, everything which has not the sanction of long usage. The other extreme is to receive with full confidence anything brought forward, whether meritorious or not, and in utter disregard of the manner of its introduction to the profession. This disposition has induced some members of the profession to adopt and recommend quack nostrums and other totally unreliable agents. In view of these two extremes it is evident that safety in therapeutics only lies in the mean between the two.

It is as pernicious a habit to denounce a remedy (properly introduced to the profession) without sufficient trial, as it is to accept as trustworthy any and everything which comes along.

The age we live in is one of experiment, observation and progress, and it is the tendency of these potent influences to suggest and present much that is new and untried. This activity must of necessity result in many valuable additions to the materia medica, and in corresponding accessions to modern therapeutics.

The contributions to this branch of science during the past quarter of a century have been of a most valuable character.

Few physicians are so conservative as to deny the value of many of the new remedies and new preparations which, within a very few years past, have been found worthy of recognition by the great majority of medical practitioners. Who will deny that the various alkaloids of the cinchona bark, now in large measure employed as substitutes for quinia sulph., or that jaborandi, cascara sagrada, hydrate of chloral, nitrite of amyl, lactopeptine and the various malt extracts, etc., etc., are not worthy of professional confidence? Professional opinion has pronounced in their favor, and it would be as unreasonable to deny their therapeutic value as to question the value of quinia sulph. itself, or the salts of potash and soda, and other well tried and accepted agents.

Many worthless drugs and preparations have been, from time to time, brought to the notice of the profession. The wheat and chaff are offered together, and the lover of science must be content to sift the grains from the rubbish if he would arrive at accuracy in therapeutics.

It is the duty of the profession to deal honestly with new remedies, to give fair trial and close observation to their effects, to weigh well their therapeutic value, and to adopt or discard promptly such as come up to or fall below the standard of value claimed for them.

WITH the present number will close volume VI. number VI. of the MARYLAND MEDICAL JOURNAL. With the begining of volume VII. the character, appearance and style of this JOURNAL will be materially altered. It is proposed in future to issue the JOURNAL on the first and fifteenth days of each month, thus converting it into a semi-monthly. This change will necessitate an alteration of size and form, and a reduction of the number of pages in each issue, but no reduction of the amount of reading matter during the year. The pages of the JOURNAL will be enlarged and set in double column. The arrangement of contents will be modified to meet the scope of a semi-monthly.

Special effort will be made to increase the amount of original matter and to reduce the selections from exchanges into as small a compass as possible. It is not believed that ponderous and lengthy original papers or lengthy book reviews fall within the scope of semi-monthly. The MARYLAND MEDICAL JOURNAL has now lived longer than any medical periodical ever published in Maryland. It has demonstrated the fact that a medical journal is needed by the profession in this State, and that such an enterprise will be sustained so long as it is conducted upon correct principles. In inaugurating the change from a monthly to a semi-monthly it is confidently believed that the usefulness of this publication will be greatly enhanced, and that it will better meet the needs of the profession at large.

The JOURNAL will be conducted upon independent principles. It is the organ of the entire profession, and without fear or favor will advocate such measures of reform as are deemed necessary for the advancement of medical science and for the proper regulation of medical practice.

The editor cordially invites the co-operation of the entire profession and confidently looks to his professional brethren for suggestions and for aid in his efforts to publish a live and thoroughly useful JOURNAL.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—The Eighty-Second Annual Meeting of the Medical and Chirurgical Faculty of Maryland will convene in this city on Tuesday, April 13th, at 12 M. The annual address will be delivered by Prof. Jno. W. Mallet, Ph. D., M. D., LL. D., of the University of Virginia, on "The Claims of Science for its Own Sake Upon the Medical Profession," on Wednesday, at 12 M., in the Hopkins Hall, Johns Hopkins University.

Volunteer papers must be sent to the Assistant Recording Secretary, Dr. G. L. Taneyhill, on or before the first day to be "passed upon" by the Executive Committee, and assigned in order of reading.

We understand the reports from members of sections will be full, and that the sessions of the Faculty will be of unusual interest and value.

The well known reputation and distinguished ability of the orator will add greatly to the attractiveness of the meeting.

It is earnestly hoped that members of the profession, throughout the State, will make an extra effort to attend this meeting of the State Faculty, and it is equally to be desired that they should contribute to the work and usefulness of this organization. Every member of the medical profession in Maryland should have enough professional and state pride to be a member of this State medical organization. The advantages to be derived from a membership in such a body of medical men are so apparent that we wonder they are not embraced by every physician in the State. The State Faculty has a claim upon the profession of Maryland, yet it must be admitted that the great body of medical men in this State have not co-operated with this organization as fully and earnestly as professional duty demanded.

The usefulness of such a body of medical workers can only be measured by the support and encouragement given by the profession at large throughout the State. In the past the duty of supporting and sustaining the credit of the State Faculty has been delegated to a few willing and earnest spirits. It is now time for the profession as a whole to take an active interest in the Faculty and to feel it a duty and privilege to contribute to its growing usefulness and success.

A SUIT to recover $10.000 for alleged malpractice, was instituted against Drs. Joseph E. Clagett and J. Wm. Walls, Surgeons to the B. & O. R. R. Co., and residents of this City.

The case was that of a man in the employ of the R. R. Co., who sustained a compound fracture of the ulna of the left arm in its upper third, with dislocation of the radius upwards and outwards in front of the external condyle of the humerus.

The patient was in poor physical condition at the time the injury was inflicted· By reason of extensive sloughing of soft parts, necrosis of bone, and septicæmia, the arm was condemned and amputation performed. The object of the suit was to recover damage for negligence and malpractice in the treatment of the case so as to necessitate amputation. When the case was brought to trial and Dr. Walls was placed upon the witness stand, his account of the case and its treatment was so clear and convincing, that the plaintiff and counsel made a public apology and withdrew the suit.

Thus terminated a gross attempt to blackmail two well known and respected members of the profession in this City, but not without very serious inconvenience and expense to them.

The suit was a most unjustifiable one, and only goes to show to what an amount of expense and trouble any member of the profession may be subjected to by irresponsible and unprincipled parties without any redress.

As an evidence of the correctness of the treatment employed in this case and of the utter baseness of the suit we will publish in an early number of this JOURNAL a full report of this case prepared by Dr Walls.

THE SEVENTY-THIRD ANNUAL COMMENCEMENT OF THE UNIVERSITY OF MARYLAND, School of Medicine, was held at the

Academy of Music, March 6th, at 8 o'clock P. M. The address to the graduating class was delivered by Rev. A. M. Randolph, D. D., of this City.

The degree of M. D. was conferred upon sixty-six candidates. The prize of a gold medal, offered by the Faculty for the highest proficiency at the examination, was conferred upon Dr. Robt. Bond, of Maryland.

The prize of an ophthalmoscope for the best examination in eye and ear surgery, offered by Prof. J. J. Chisolm, was awarded to Dr. R. B. Norment, jr., of Maryland.

Prof. Miltenberger's prize of a pair of obstetrical forceps was awarded to Dr. W W. Stevenson, of Maryland, for the best examination in obstetrics.

The class of 1880, it is stated upon the authority of the Dean, was one of the best posted classes ever graduated from the school, which fact may be attributed to the system adopted of offering prizes for competitive examination.

In the competition for the first prize, awarded to Dr. Robt. Bond, the contest was so close between the recipient and Dr. Chas. H. Riley, of Maryland, that honorable mention of the latter's name was voted by the Faculty.

ELECTION OF OFFICERS OF THE ACADEMY OF MEDICINE.—At a recent meeting of the Baltimore Academy of Medicine, the following officers were elected for the ensuing year: President, Dr. H. P. C. Wilson; Vice-President, Dr. A. B. Arnold; Recording Secretary, Dr. B. B. Browne; Reporting Secretary, Dr. Eugene F. Cordell; Treasurer, Dr. John Morris; Executive Committee, Drs. D. I. McKew, Jas. Carey Thomas and S. C. Chew.

The Academy of Medicine was organized three years ago. It now numbers forty-three members. By reason of a clause in its constitution no one is eligible to membership who has not been a graduate of ten years standing. This clause excludes the younger members of the profession, and confines the membership of the Academy to men who, as a class, have enjoyed large experience in practice. The Academy has accomplished some good work since its organization. The establishment of a prize essay has stimulated original research among the younger members of the profession, and will be productive of much good.

Inasmuch as the membership of the Academy is confined to the older and more experienced physicians in this City, it will be well for them to remember that much will be required of them. We confidently expect good results from the meetings of the Academy the coming year.

ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND.—The Annual Meeting of the Association was held at the Rennert House, on the evening of March 5th, 1880. The following officers were elected for the ensuing year:

President, Dr. G. W. Miltenberger; Vice-Presidents, Drs. Jas. Carey Thomas, Richard McSherry, D. I. McKew; Recording Secretary, Dr. E. F. Cordell; Corresponding Secretary, Dr. B. B. Browne; Treasurer, Dr. S. C. Chew.

Dr. Miltenberger on taking the chair made a felicitous address, and proposed the following as the motto of the Association:

"Filius sim dignus istâ dignâ parente."

Dr. Tiffany presented the graduating class of 1879—80.

A committee was appointed to draft a constitution and by-laws, to be reported at a special meeting to be held May 1st, 1880.

Two annual prizes of $100 and $50 respectively were established, to be conferred upon the two graduates of the University passing the most satisfactory examinations.

Dr. Charles H. Cockey announced an annual prize of a case of amputating instruments to be given to the graduate standing the best examination in surgery. The Association then adjourned to partake of a supper provided by the Faculty.

THE ANNUAL COMMENCEMENT of the College of Physician and Surgeons was held in the Academy of Medicine in this city, on the night of March 3rd.

The address to the graduating class was delivered by most Rev'd Arch-bishop, J. E. Gibbons, of Baltimore. The degree of Doctor of Medicine was conferred upon 110 candidates. Prizes were conferred upon different members of the class for distinction in studies, as follows:—Cathell prize, by Prof. D. W. Cathell, M. D., to Dr. A. J. Bietz. Brown Memoral Prize, by Prof. John S. Lynch, M. D., to Dr. H. W. Hitznot. College distinctions by the Dean.

First, A. J. Bietz, Ohio; second, H. W. Hitznot, Pa.; third, F. B. Dodge, N. Y.; fourth, R, M'Corrutt, La.; fifth, M. R, Plank, Pa.; sixth, Laban Hazeltine, Pa,; seventh, S. W. Knapp, W. Va. The class numbered 336 matriculants.

The New York Medical Record, April 3rd, contains an instructive paper from the pen of Dr. J. Marion Sims, on "The Bromide of Ethyl as an Anæsthetic." This paper reviews the history of this anæsthetic, its introduction to professional notice, its preparation, and its claim to recognition and adoption as a substitute for ether and chloroform. It will be remembered that Drs. Laurence Turnbull and R. J. Levis, of Philadelphia, have been mainly instrumental in bringing forward the anæsthetic properties of the bromide of ethyl. Dr. Turnbull began to experiment with it in 1877, and after satisfying himself of its efficacy and safety, laid the subject before the profession. Dr. Levis soon became interested with Dr. Turnbull in the subject, and after testing its properties and qualities in general surgery and prolonged operations, with most satisfactory results, he has been an active champion of the *new anæsthetic*. The impulse given the bromide of ethyl, by these two gentlemen, and the success attending its administration in the hands of other competent surgeons, had aroused an active professional interest in its favor. It was believed by some that the profession had finally secured a safe and pleasant substitute for ether and chloroform, and that anæsthesia could be secured without the unpleasant effects and dangers attendant upon the use of these two agents.

Upon the threshold of its popularity, the bromide of ethyl has received a check which will, in all probability, destroy the good impression it had gained. Dr. Sims reports in his paper a case of death from the administration of this anæsthetic which is particularly instructive. The patient, a woman 25 years of age, was operated upon for normal ovariotomy. The bromide of ethyl was administered. During the first twenty minutes, two ounces of ethyl were used. The operation lasted one hour and a half. Her condition was good during the whole time, and her pulse strong and full. In all, about four or five ounces of ethyl were used. She recovered quickly from the anæsthetic after being put to bed, but had the most terrible retching and vomiting. This continued some hours. Severe headache, and convulsions with frantic ravings supervened, and the patient died twenty-one hours after operation. Post-mortem examination proved that death had not resulted from the operation.

Dr. Sims attributes the cause of death to the bromide of ethyl, which induced bromism proper as shown by such symptoms as suffusion of the eyes, strange restlessness, headache, vomiting and obstinate cholerine. The odor of the ethyl in the discharges and in the breath of the patient, and its persistence so long after anæsthesia, are noticeable facts.

There is no evidence to show the least carelessness upon the part of the administrator. On the contrary, every precaution was taken in the selection of the ethyl and in its administration. The striking fact in connection with this case is the length of the time of anæsthesia, and the amount of ethyl used.

Dr. Levis reports that he has never administered ethyl a longer period than forty minutes. Dr. Sims' case was under its influence one hour and a half.

Dr. Sims' experience goes to show that however safe the bromide of ethyl may be for operations requiring only a few minutes, it is absolutely unsafe for prolonged anæsthesia.

ALUMNI ASSOCIATION, COLLEGE OF PHYSICIANS AND SURGEONS.—The Alumni Association of the above college held their annual meeting at the college building, March 3rd. Dr. J. J. Caldwell, Vice President, presided. Addresses were made by different members of the Faculty, after which a number of new graduates were enrolled into the asssociation. The following officers were elected for the ensuing year: President, Prof. O. J. Coskery; Vice President, Dr. Laban Hazeltine; Secretary, Dr. S. M. Free, and Treasurer, Dr. Streett.

Dr. E. F. CORDELL, 125 N. Charles Street, of this city, Secretary of the Alumni Association of the School of Medicine of the University of Maryland, proposes to write a historical sketch of that institution, and is now collecting materials for that purpose. He will be thankful for the gift (for preservation in the archives,) or any loan of any catalogues, circulars, addresses or pamphlets relating to the school, or any other information that may be useful to him in his work.

HOSPITAL PHYSICIANS.—Drs. J. H. Branham and F. B. Dodge have been appointed resident physicians to the City Hospital of the College of Physicians and Surgeons of Baltimore; Dr. A. J. Bietz, resident physician at the Maternité, and C. E. Riggs, resident physician at the Maryland Woman's Hospital.

THE SPRING COURSES OF LECTURES of the College of Physicians and Surgeons, and of the University of Maryland have commenced.

Dr. C. K. Gregg, of Texas, a graduate of the University of Maryland, class 1879, has been elected Assistant Resident Physician to the University Hospital. Dr. Robt. Bond, of Maryland, the successful competitor for the Faculty prize, has been appointed "druggist" to the Hospital.

Prof. F. T. Miles has resigned the chair of anatomy, in the University of Maryland, and has accepted the chair of physiology in the same school.

◆

MISCELLANY.

Dr. A. R. Erskine, of Huntsville, Alabama, in a communication published in the *Medical and Surgical Reporter*, of March 6, speaks of having used the tinct. of veratrum viride hypodermically as a remedy in a number of cases of convulsions, both in children and lying-in-cases, with the most satisfactory results. In every case in which the remedy was employed prompt relief followed from a half hour to an hour and a half, with no subsequent ill effects. To children he administered from two to four or six drops, according to age, introducing the remedy either upon the chest or at the insertion of the deltoid; and with puerperal cases, from eight to ten drops, in like situations. Dr. Erskine says, "I unhesitatingly give it as my opinion that the above is one of the best and surest remedies at our command to be administered as above indicated, for when such conditions exist, patients are always in a state of unconsciousness, and, consequently, deprived of their ability to swallow."

Dr. Alfred L. Carroll, of New Brighton, New York, addresses a communication to the *Medical Record* on the "Abuse of medical charities, and unprofessional conduct of clinical examiners," which calls attention to some gross wrongs which are being practiced constantly by parties in charge of dispensaries and hospital clinics. Dr. Carroll says, "More than a few office fees have been drafted from college waiting-rooms by shrewd young gentlemen who were fortunate enough to be on the 'clinical staff' of the attending Professor: indeed, I was once informed by one of these rising lights, that the facilities for thus building up a paying practice constituted the chief attraction of his position. I have even known of a distinguished professor himself transferring from his clinic to his private emolument, a patient whom he found able to pay a fee, and who had been paying fees to another physician."

Prof. James R. Wood, M. D., L. L. D., of Bellevue Hospital Medical College, is thus described by a New York correspondent to the *Chicago Med. Journal and Examiner*:

"He is a little man with a very erect gait, a ruddy complexion, gray hair and moustache, and keen dark eyes. He dresses with the greatest care, his broadcloth coat, lavender trowsers, white vest and tie, and a button-hole bouquet are inseparable from his appearance in the amphitheatre, 'Jimmy' Wood, as he is endearingly called, is not a brilliant lecturer. His flow of words is interspersed with aphasic stops, and his voice is not a powerful one, still he gives a good many useful hints to the students, and no one can leave a course without feeling deeply the importance of preserving the periosteum. But it is as an operator that the Professor shines, and justly so. There is no Surgeon in the city who knows better what to do, or whose knife goes so unerringly to the right spot. He used to be one of the lightning operators removing thighs, etc., in eleven seconds. He operates in this style now occasionally, just to show the 'boys' how it is done."

Dr. T. H. Buckler, of this city, asserts that cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure.

In the three last cases treated successfully, Dr. Buckler gave ten drops of chloroform every four hours, and a teaspoonful of Stewart's hydrated succinate of the peroxide of iron half an hour after each meal. Dr. Buckler thinks that the operation of cutting into the gall-bladder an unwarrantable procedure.

Graduates from Medical Colleges 1880.—The following number of graduates are thus far reported from the medical schools herein given:

University of New York 200; University of Pennsylvania 104; University of Louisville 95; University of Nashville and Vanderbilt University 132; University of Iowa 22; University of Maryland 66; Columbus (Ohio) Medical College 41; College of Physicians and Surgeons, New York 117; College of Physicians and Surgeons, Baltimore 110; Cincinnati College of Medicine and Surgery 28; Detroit Medical College 27; Bellevue Hospital Medical College 142; Jefferson Medical College, Philadelphia 196; Woman's Medical College, Philadelphia 11; Medical College of Virginia 20; Louisville Medical College 56; Hospital School of Medicine, Louisville, Kentucky, 33; Medical College of Ohio, Cincinnati, 121; Miami Medical College, Cincinnati, 49; Rush Medical College, Chicago, 144.

Dr. C. A. Bryce, of the *Southern Clinic*, Richmond, Va. states that he was called to see a little boy who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, which were much worse every other day; his nose bled very often when he was troubled with the headache. From the history of the case it was regarded as a neuralgic hemicrania, of malarial origin. Accordingly, quinine, iron, and hyoscyamus were prescribed, with no improvement, but an increase of the head trouble with more hæmorrhage from the nose. By the use of three-grain doses of dextro-quinine three times a day, however, after the second day the hemicrania was entirely relieved and did not return; the eyesight became perfect, and the bleeding from the nose ceased.—*Boston Med. and Surg. Journal.*

How to take Care of Babies, is the title of a small publication translated from the French by Dr. Geo. E. Walton, of Cincinnati, and published by Robt. Clarke & Co. We recommend it to our young medical friends contemplating matrimony.

Listerism, pure and simple, it is stated, is dying out in New York City. It is used in New York and Roosevelt Hospital by only one surgeon. It is but little used in Bellevue, Presbyterian, St. Luke's and St. Francis Hospitals. At the Woman's Hospital it is used as a rule in ovariotomy, but not always. In Baltimore it has never been generally employed, its use being confined to only one or two tests cases. This has grown out of the great inconvenience attending the use of the spray, and to the fact that thorough cleansing and drainage have been considered as only essential, as good results being secured from these methods as from the employment of Listerism in all of its details.

Mr. Henry C. Lea, of Philadelphia, the well known and greatly esteemed medical book publisher, announces that he has relinquished the business management of the "Journal" and "News," and introduces as his successors the firm of Henry C. Lea's Son & Co.

Mr. Lea's connection with these periodicals has existed for thirty-seven years. The business house was founded well nigh a century ago by Mathew Carey, and has been handed down through an unbroken line of decent to the fourth generation. Few firms have contributed so much to the advancement of medical literature.

Mr. George S. Davis, publisher of the Therapeutic Gazette and a member of the enterprising firm of Parke, Davis & Co. of Detroit Mich., one of the most reliable manufacturing drug houses in this country, made a recent visit to our city. Mr. Davis is a gentleman of culture and large experience in his profession, and is thoroughly alive to every advance in materia medica and pharmacy. We are always glad to welcome him to our city.

Dr. F. Powers, of Westport, Connecticut, writes to the *Medical Record*, that a woman aged 60 years in that town, is in the habit of taking forty-five grains of morphia as her regular dose.

M. HERBELIN, an interne at the Sainte Eugénie, died recently in the twenty-eighth year of his age, from diphtheria, contracted in the discharge of his hospital duties. The President of the Republic conferred on him, prior to his death, the cross of officer of the Legion of Honor. His funeral was attended by the government and municipal authorities, as a testimonial of the self-sacrificing nature of the services rendered by the deceased.

IT IS STATED in a Boston correspondence to the *New Orleans Med. and Surg. Journal* that the profession of Massachusetts are quack-ridden to an extent which is positively incredible. There is no redress against the inroads of the ignorant, cold-blooded pretenders who dare to put out a physicians' sign unsupported by the smallest knowledge of medicine.

CINCINNATI has four bogus medical colleges engaged in manufacturing diplomas. The names of these institutions are The Physio-Electic Medical College, The Physio-Medical College, The American Eclectic College and the American Vitopathic College.

Efforts are being made to pass a bill in the Ohio legislature, " For the establishment of a Board of Health and the Regulation of the Practice of Medicine."

The *Cincinnati Lancet and Clinic* urges the profession of its state to make efforts to suppress these degrading institutions so called.

THE following ungallant words are credited as having been spoken by Hippocrates in reference to his own wife: " For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given ; and if they be not curbed in time as an unpruned tree, they will be full of wild branches and degenerate of a sudden."

DR. J. G. HYNDMAN has recently been elected Professor of Medical Chemistry and Physics in the Medical College of Ohio.

It is stated upon the authority of Mr. Lewis, a nephew of General Washington, that Dr. James Craik, his family physician, was the only man between whom and Washington there had always been entire unreserve and confidence.

Mr. Henry Bergh, of New York, has been urging the Legislature of that State to pass a bill to abolish vivisection. He contends that the mutilation of dumb animals by scientific men is not necessary to the advancement of science.

Dr. Wm. Strew, of New York city, has brought suit against the *Herald* and *Telegram* for $50,000. He claims that he lost his position as medical superintendent of the Insane Asylum on Blackwell's Island through false publications in those papers.

Mrs. John Jacob Astor has presented a " loving cup " of solid silver, lined with gold, about twelve inches high and six inches in diameter, to the New York Academy of Medicine, " as a messenger of a true sympathy in the purposes of the Society."

A suit for malpractice, brought against Dr. Geo. Reuling, of this city, to recover $10,000 damages for loss of eyesight following the operation of glaucoma, has been decided in Dr. Reuling's favor.

The Jefferson Medical College, Philadelphia, graduated at its annual commencement, March 13th, 196 students, representing 28 States, and Brazil, New Brunswick, Nicaragua, Canada and Japan.

It is announced that Dr. Charles Scudder, home surgeon in Bellevue Hospital, is engaged to be married to Miss Louisa Evarts, the youngest daughter of Secretary Evarts.

Dr. H. H. Toland, of San Francisco, is dead. He was one of the most prominent surgeons west of the Rocky Mountains.

It is estimated that over 3000 graduates were turned loose upon society, from the different medical colleges in this country, during the month of March.

Dr. H. J. Bowditch has resigned his office as a member of the Massachusetts State Board of Health, Lunacy and Charity.

A convention of United States quarantine officials has been called to meet in Washington early in May.

CONTRIBUTORS TO VOLUME VI.

Arnold, A. B.; M. D.
Ashby, T. A.; M. D.
Atkinson, I. Edmondson; M. D.
Barton, B. W.; M. D.
Beard, Geo. M.; M. D.
Browne, B. B.; M. D.
Carroll, Alfred Ludlow, M. D.
Chisolm, J. J.; M. D.
Cordell, Eugene F.; M. D.
Dabney, Wm. C.; M. D.
Forwood, W. Stump; M. D.
Hartman, J. H.; M. D.
Hill, J. Shelton; M. D.
Johnston, Christopher; M. D.
Johnston, Sam'l; M. D.
Keating, John M.; M. D.
Kemp, W. F. A.; M. D.
Latimer, Thos. S.; M. D.
Leonard, B. F.; M. D.
Matthews, G. E.; M. D.
Michael J. Edwin; M. D.
Schindell, O. M.; M. D.
Teackle, St. Geo. W.; M. D.
Tiffany, L. McLane; M. D.
Thomas, R. H; M. D.
Van Bibber, John; M. D.
Ward, T. J.; M. D.
West, Frank; M. D.
Williams, P. C.; M. D.
Wilson, H. P. C.; M. D.
Winslow, Randolph; M. D.

INDEX TO VOLUME VI.

Abuse of Medical Charities . 418
A Case of Adherent Placenta with Constricted Os, . . . 385
A Case of Supposed Tubercular Meningitis Cured, . . . 59
A Case of Vegetating Epithelioma of the Cervix Uteri, . . 171
Adherent Placenta After Miscarriage, ... 251
Alimentary Injections, . . 176
Allegany County Medical Society (Report), ... 190
Alumni Associations, . 415, 417
A Manual of the Practice of Surgery, *Clarke* (Review), . . 407
A Milk Test, ... 72
Aneurism of Aorta, . . 251
Anti-Neuralgic Properties of Gelsemium, ... 140
Anti-Vivisection Movement, . 284
A Pin Extracted from the Throat of a Child Three Years Old, 389
Apomorphia in Asthma, . . 285
Arnold, A. B., M. D., . . 217
Ashby, T. A., M. D., . . 232
A System of Midwifery Including the Diseases of Pregnancy and the Puerperal State, *Leishman* (Review), ... 265
A Text Book of Physiology, *Foster* (Review), ... 267
A Text Book of Physiology, *Fulton* (Review), ... 67
Atkinson, I. Edmondson . . 244
A Three Years Graded Course, 134
A Unique Case of Complete Pharyngeal Stricture of Specific Origin, ... 111
Baltimore Academy of Medicine (Report), . 41, 118, 197, 251, 317, 392
Baltimore Clinical Society (Report), 191, 256, 325, 396. . . .
Baltimore Medical Association (Report), ... 400
Baltimore Medical and Surgical Society (Report), . . . 131
Barton, Bolling W., M. D., 384
Beard, Geo. M., M. D., . . 289
Bedford Iron and Alum Springs Mass, ... 96
Bellevue Hospital Medical College and Detroit Medical College, 64
Body-Snatching at Richmond, Va., 283
Books and Pamphlets 65, 200, 402
Boracic Acid in Skin Diseases, 285
Boracic Acid in Erysipelas . 394
Boracic Acid in Inflammation of Mucous Membranes . . 396
Bright's Disease, . , . 181
Browne, B. B., M. D., . . 73, 357
Bromide of Ethyl . . . 392
Cæsarian Section on Account of a Cancer of the Rectum, . 283
Carbolic Acid in Dilated Veins 263
Carroll, Alfred Ludlow, M. D., 107
Cat-Gut the Bearer of Infection, 215
Chancre in a Boy Aged 10 Years, 256
Charcot on Laryngeal Vertigo. . 282
Chemical Surgery . . . 402
Chisolm, J. J., M. D. . . 100, 169
Cholesteric Gall Stones Dissolved by Choroform & Succinate of Iron 419
Chlorate of Potash from the Dead Sea, ... 71
Chloride of Barium in Internal Aneurism. 141
Circular Concerning the Physical Examination of Seamen of the Merchantile Marine. . . 49

Citron Juice in Chronic Enlargement of the Tonsils. 71
Clinical Lectures. 100, 244
Clinical Reports, 107, 169
Close Amputation of the Penis. 264
Commencement Exercises, 413, 415
Complimentary Dinner to Professor Gross, 405
Cordell, Eugene F., M. D., 173, 177, 199 256, 264, 396, 400
Correspondence, 96, 199
Dabney, Wm. C., M. D. 100
Death from Chloroform, 211
Dextro-Quinine in Hemicrania, 420
Digitalis as an Oxytocic 285
Diphtheria, 82
Diphtheritic Conjunctivitis, 169
Diphtheritic Paralysis, 257
Dipsomania, 284
Discussion of Antiseptic Surgery, 264
Diseases of the Intestines and Peritoneum, *Bristowe* (Review), 69
Diseases of Women. *Tait* (Review), 68
Does Iodide of Potash Cure Renal Diseases. 399
Duration of Stage of Incubation in Diphtheria, 251
Editorial Notes, 61, 134, 209, 275, 410
Election of Officers Academy of Medicine Baltimore, 414
Enucleation, 169
Ergot in Uterine Fibroids, 47
External Strabismus; Advancing of Internal Rectus Muscle, 170
Extirpation of the Larynx and of Pharynx, 51, 113
Extirpation of a Retro-Pharyngeal Goitre, 117
Extremely Low Temperature Following Hypodermic use of Quinia, 257
Fees, 57
Forceps in Tedious Labors, 145
Foreign Bodies in Stomach and Intestines, 259
Foreign Bodies in External Ear, 261
Forwood, W. Stump M. D., 162
Fuschine in Albuminuria, 173
Gunshot Wound of Pregnant Uterus, 212
Hartman, J. H., M. D. 109
Hemorrhage from the Genital organs during Pregnancy and Parturition, 24
Hill, J. Shelton M. D. 225
Honors to Dr. L. A. Sayre, 212
How to Make a Spice-Bag, 215
How to Prevent Mammary Abscess, 58
Hydrobromate of Quinia for Hypodermic Use, 285
Hypertrophic Elongation of Cervix Uteri with Labor, 262
Hysterical Mydriasis Simulating Amaurosis, 251
Injuries of the Eye-Ball, 100
International Congress of Hygiene, 71
Introductory address, College of Physicians and Surgeons, Baltimore, 1
Ipecac as a Hæmostatic, 58
Jaborandi in Cholera, 59
Johnston, Christopher; M. D. 200
Johnston, Samuel; M. D. 156
Keating, John M.; M. D. 389
Kemp, W. F. A.; M. D. 82
Kentucky Penitentiary, 138
Laryngeal Chorea, 109
Laryngeal Phthisis, 116
Laryngological Periscope. 109
Latimer, Thos. S.; M. D. 1
Leonard, B. F.; M. D. 18
Local Anæsthesia Therapeutically Produced by Irritating the Corresponding Region of the Opposite Side of the Body, 212
Local Medical Societies, 63
Malignant Dysentery at Bay View Asylum, 78
Medical Society of Virginia (Report), 31
Medical and Chirurgical Faculty of Maryland, 63, 412

Memorial Oration in Honor of Ephriam McDowell. *Gross* (Review), 268
Miscellany, 71, 140, 211, 218, 353, 418
Naso-Pharyngeal Catarrh, 179
Neurotomy, 170
New Appointments, 139
Non-Union after Fractures, 225
Note on Chancre, 391
New Remedies, 400
Obituary Record,
  Callender, G. W., F. R. S., 70
  Graham, Jas., M. D., 70
  Hoff, Oliver, M. D., 287
  King, Jas. F., M. D., 286
  Le Moyne, J. F., 69
  Little, Wm. 286
  Martin, Alexis 287
  Ray, B. Lincoln 288
  Strudwick, 288
  Taylor, 287
  Wolcott, E. B. 287
Obscure Affections of the Nervous System, 217, 251
Obstinate Dysentery from Womb Pressure, 320
Obstetric Section, British Medical Association, 20
Osteo-Sarcoma of Upper Jaw, 327
On the Effects of Pilocarpine, Eserine, Etc., on the Contractions of the Uterus, 20
On the use of Jaborandi and Pilocarpine in Eclampsia, 73
On some of the Uses of Antiseptics in Obstetrics & Gynecology 232
Operation for Laceration of the Cervix Uteri, Goodell's Method, 46
Opium and its Effects, 48
Opium in Hypochondria, 175
Ovariotomy, 216
Outlines of Practice of Medicine *Fenwick* (Review), 270
Pathology and Treatment of Hysteria, 251
Photographic Illustration of Skin Diseases, *Fox* (Review), 406
Phrophylamine in Acute Rheumatism, 141
Piece of Metal in Eye-Ball Twenty-Three Years Without Causing Trouble, 393
Placenta Previa, 400
Popliteal Aneurism, 398
Posological Table, *Rice* (Review), 69
Presbyterian Eye and Ear Charity Hospital (Report), 169
Precocious Menstruation, 314
Prevention and Treatment of Post Portum Hemorrhage, 26
Proceedings of the Medical Society of Harford County, Md., 183
Prophylactic Treatment of Puerperal Fever, 19
Reading of Prize Essay, 395
Rectal Medication, 281
Rectocele Cured by Actual Cautery 107
Remarks on Veterinary Medicine, 162
Remarkable Menstruation, 72
Report of Prize Committee, 394
Retained Placenta, 394
Reports of Societies, 31, 118, 183, 317, 392
Reports of St. Louis Med. Society on Yellow Fever (Review), 66
Retention of the Placenta after Abortion, 357
Review in Gynecology and Obstetrics, 18
Russian Gargle, 72
Salivation and Vomiting in Pregnancy, 318
Salicylic Acid as an Anti-Scorbutic 72
Scarlatinous Sequelae—Fatal, 318
Schindell, O. M.; M. D. 191
Sciatica, 215
Selections, 46
Semi-Annual Report of Practice of Medicine, 173
Shoulder Presentation, 317
Some Affections of the Upper Air-Passages, 156
Some Cases of Epistaxis and other Hemorrhages, 91

Spaying for Ovaralgia and Epileptiform Convulsions, . . . 396
Statistical Studies on Pneumonia, 173
Symblepharon, ... 170
Teackle, St. G. W., M. D., . 78
The Brain of a Porpoise, . . 281
The Doctors in Memphis, . . 57
The Electric Light in Surgery, 285
The Etiology of Paralysis of the Crico-Arynetoid Posterior Muscle, ... 114
The Bromide of Ethyl as an Anæsthetic, ... 416
The Hypodermic Injection of Morphia, *Kane* (Review), . . 402
The Massachusetts Dental Society, 209
The National Dispensatory, *Stille & Maisch* (Review), . . 67
The New Anæsthetic, . . 213
The Necessity of a Building in Baltimore for the Medical Profession, ... 275
The Operation for Stone in the Female Bladder, . . . 18
The Pathology and Treatment of Venereal Diseases, *Bumstead* (Review), ... 200
The Popular Sience Monthly, . 408
The Prospective Advantages of Baltimore as a Medical Centre 369
The Principles and Practice of Gynecology, *Emmet*, (Review), 404
The Student's Guide to Diseases of the Eye, *Nettleship*, (Review) 408
The Summer and Its Dangers, *Wilson* (Review), . . . 68
The Treatment of Diseases by the Hypodermic Method, *Bartholow* (Review), ... 204
The Throat and Voice, *Cohen* (Review), . . . 272
The Treatment of Vomiting of Pregnancy 20
Therapeutic uses of Boracic Acid 52
Thomas, R. H. M. D. . 385
Thymol, ... 283
Tiffany L. McLane, M. D. . 391
Transactions of Medical Association of Georgia (Review), . 65
Treatment of Eclampsia by Morphia, ... 99
Treatment of Pertussis, . . 56
Treatment of Typhoid Fever, 178
Treatment of Obstinate Sciatica by Injections of Nitrate of Silver 56
Tubercular Meningitis, . . 213
Tubercular Mesenteric Glands from a Monkey, ... 398
Uterine Fibroids and Ergot, . 19
University of Edinburgh, . . 283
Vaccination, ... 324
Van Bibber, John ; M. D. . 369
Vomiting in Pregnancy — Copeman's Method, ... 54
Veratrum Veride Hypodermically, 418
West, Frank ; M. D. . . 315
Williams, P. C.; M. D. . . 145
Wilson, H. P. C.; M. D. . . 171
Wild Hairs Destroyed by Actual Cautery, ... 170
Winslow, Randolph . . 91, 305